TOWN OF MARION

P. O. BOX 1005 **138 WEST MAIN STREET** MARION, VA 24354

Phone: 276-783-4113

Fax: 276-783-8413

www.marionva.org



David P. Helms, Mayor

Jane Hale Suzanne Jennings James L. Gates, D.D.S. Ken Heath

Bill Weaver Mel Leaman Mark Warren

Received

JAN 05 2011

December 23, 2010

To Whom It May Concern:

DEO-SWRO

The Town of Marion Wastewater Treatment Plant would like to request the following changes be made in our upcoming permit application. We ask for a reduction in frequency of testing for CBOD5 and TSS. We currently run tests on both of these parameters three days per week, and request that the frequency of testing be reduced to one day per week. We make this request, asking that you review the DMR's over the past five years. You will see that our results are well under limits, with results for CBOD5 normally running BQL.

Thanks for your consideration in this matter Douglas L. Teaster **Chief Operator** Town of Marion WWTP



Mark Fenyk, Counsel

Billy Hamm, Purchasing Agent

John E. B. Clark, Jr., Town Manager Donnie Coley, Dir. Of Water & Sewer Mindy Dyer, Senior Citizens Director

Cecil Hicks, Asst. Town Manager/Town Engineer Michael D. Roberts, Chief of Police Jack Perry, Director of Public Works Dixie O. Sheets, Dir. Of Finance/Town Clerk Samuel C. Wagner, Recreation Director



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JAN 05 2011

DEQ-SWRO

To Whom It May Concern:

This letter is to request a waiver for the non permitted parameters listed on page 9 of the NPDES form 2A. These parameters are Total Kjeldahl Nitrogen, Nitrate Plus Nitrite Nitrogen, Oil & Grease, and Total Phosphorus.

These parameters are not present in our effluent in any quantity to pose a danger to our receiving stream, the Middle Fork of the Holston River.

Douglas L. Teaster Chief Operator Town of Marion WWTP 276-782-8495 dteaster@marionva.org



Cecil Hicks, Asst. Town Manager/Town Engineer Michael D. Roberts, Chief of Police Jack Perry, Director of Public Works Dixie O. Sheets, Dir. Of Finance/Town Clerk Samuel C. Wagner, Recreation Director



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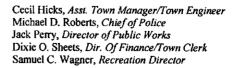
DEQ-SWRO

To Whom It May Concern:

This letter is to address section B 5 on NPDES form 2A. The Town of Marion WWTP is currently involved in replacing our influent pumps, and in the beginning of 2011 we will be in the preliminary stages of replacing our U.V. system and perform other repair work to the facility. Exact dates of construction beginning and ending are not available at this time. This work will not increase the plants capacity or treatment efficiency in any way; therefore I do not believe it needs to be addressed in the NPDES application.

Douglas L. Teaster Chief Operator Town of Marion WWTP 276-782-8495 dteaster@ marionva.org







Town of Marion VA 0086304

Resimpnospery, 1999

FORM 2A

NPDES FORM 2A APPLICATION OVERVIEW

JAN 05 2011

NPDES

DEO.SWDO

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1mgd,
 - Is required to have a pretreatment program (or has one in place), or
 - Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - Any other industrial user that:
 - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

E &	\sim 111	m	N 4		AMD	PERMIT	8113 IB	40ED:
ГМ	LIL	. D E T	14.0	un c	MIND	F E R III I	RUII	лоск.

Town of Marion VA 0086304

	I CAALL OL ING	11011 AV 000020-		OMB Number 2040-0086
BAS	IC APPLICATION I	NFORMATION		
PART	TA. BASIC APPLICA	TION INFORMATION FOR ALL	APPLICANTS:	
All tre	atment works must co	mplete questions A.1 through A.8	of this Basic Application Informa	tion Packet
A.1.	Facility Information	•		
	Facility Name	Town of Marion Wastewater Tr	reatment Plant	
	Mailing Address	P.O. Box 1005	odenione i banac	
		Marion Va. 24354		
	Contact Person	Mr. John E.B. Clark , JR		
	Title	Town Wanager		
	Telephone Number	(276) 783-4113		
	Facility Address (not P.O. Box)	1580 Daisy Lane Marion Va. 24354		
A.2.	Applicant Information	on. If the applicant is different from th	e above, provide the following:	
	Applicant Name			
	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
	Contact Person			
	Title			
	Telephone Number			
	Is the applicant the	owner or operator (or both) of the t	reatment works?	
	owner 🖂	operator operator		
	Indicate whether corr	espondence regarding this permit sho	ould be directed to the facility or the	applicant.
	facility	applicant		
A.3 .	Existing Environme the treatment works (ntal Permits. Provide the permit nun include state-issued permits).	nber of any existing environmental	permits that have been issued to
	NPDES VA 008	<u> </u>	PSD	
	UIC		Other	
	RCRA		Other	
	Collection System Info population of each entit ownership (municipal, p	ormation. Provide information on mu y and, if known, provide information o private, etc.).	nicipalities and areas served by the n the type of collection system (cor	e facility. Provide the name and nbined vs. separate) and its
	Name	Population Served	Type of Collection System	Ownership
	Town of Marion_	6349	Sanitary	<u> Municipal </u>
	Smyth County	1670	Sanitary	<u>Municipal</u>
	Total population s	served <u>8019</u>		

FACILIT	TY NAME AND PERMIT NUMBER:		
	Town of Marion VA 0086304		
A.5.	Indian Country.		

For	т Арј	Drov	ed '	1/14	99
OMB	Num	ber.	204	0-00	86

5.							
	India	n Country.					
	a.	Is the treatment works located in In	ndian Country?				
		☐ Yes No					
	b.	Does the treatment works discharg flows through) Indian Country?	e to a receiving water that is	either in Indian Country o	or that is up	ostream from (and	d eventually
		☐ Yes					
•	averag	Indicate the design flow rate of the tre- le daily flow rate and maximum daily flow with the 12 th month of "this year" occur	ow rate for each of the last th	iree years. Each year's d	ata must b	e based on a 12-	
	a.	Design flow rate 3.4 mgd	đ				
			Two Years Ago	Last Year	-	This Year	
	b.	Annual average daily flow rate	1.496	1.78		1.5	
	C.	Maximum daily flow rate	2.43	3.85		2.61	
		ution (by miles) of each. parate sanitary sewer			100		%
	☐ Co	mbined storm and sanitary sewer					%
	Discha	arges and Other Disposal Methods.					
						-	
	a.	Does the treatment works discharg	le emuent to waters of the U.	S.? X Ye:	S	☐ No	
		46 11.41	e.u	_			
		If yes, list how many of each of the		_	s uses:		
		i. Discharges of treated eff	fluent	_	1		
		Discharges of treated eff Discharges of untreated	fluent or partially treated effluent	_	0		
		 i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow 	fluent or partially treated effluent w points	points the treatment work	1 0 0		
		 i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency 	fluent or partially treated effluent	points the treatment work	1 0 0		
		 i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other 	fluent or partially treated effluent w points overflows (prior to the heady	points the treatment work . works)	1 0 0 1		
	b.	 i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency 	fluent or partially treated effluent w points overflows (prior to the heady	points the treatment work . works)	1 0 0 1		
	b.	 i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharge 	or partially treated effluent w points overflows (prior to the heady e effluent to basins, ponds, oge to waters of the U.S.?	points the treatment work works)	1 0 0 1		
	b.	i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharge that do not have outlets for discharge	or partially treated effluent w points overflows (prior to the heady e effluent to basins, ponds, oge to waters of the U.S.?	points the treatment work works)	1 0 0 1		
	b.	i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharg that do not have outlets for discharg If yes, provide the following for each	or partially treated effluent w points overflows (prior to the heady e effluent to basins, ponds, or ge to waters of the U.S.?	points the treatment work works) or other surface impoundin	1 0 0 1	⊠ No	
	b.	i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharg that do not have outlets for discharg If yes, provide the following for each Location:	or partially treated effluent w points overflows (prior to the headw le effluent to basins, ponds, or ge to waters of the U.S.? th surface impoundment:	points the treatment work works) or other surface impoundin	1 0 0 1	⊠ No	
	b.	i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharg that do not have outlets for discharg If yes, provide the following for each Location: Annual average daily volume disch	or partially treated effluent w points overflows (prior to the heady le effluent to basins, ponds, or ge to waters of the U.S.? th surface impoundment: learge to surface impoundments or intermittent?	points the treatment work works) or other surface impoundin	1 0 0 1	⊠ No m	ngd
		i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharg that do not have outlets for discharg If yes, provide the following for each Location: Annual average daily volume disch Is discharge	or partially treated effluent w points overflows (prior to the headw le effluent to basins, ponds, or ge to waters of the U.S.? ch surface impoundment: learge to surface impoundments or intermittent?	points the treatment work works) or other surface impoundin	1 0 0 1	⊠ No m	ngd
		i. Discharges of treated efficion. Discharges of untreated iii. Combined sewer overflowing. Constructed emergency v. Other Does the treatment works discharge that do not have outlets for discharge to the discharge of the disch	or partially treated effluent w points overflows (prior to the headw le effluent to basins, ponds, or ge to waters of the U.S.? ch surface impoundment: learge to surface impoundments or intermittent?	points the treatment work works) or other surface impoundin	1 0 0 1	⊠ No m	ngd
		i. Discharges of treated effi ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharg that do not have outlets for discharge that do not have outlets	or partially treated effluent w points overflows (prior to the headw le effluent to basins, ponds, or ge to waters of the U.S.? ch surface impoundment: learge to surface impoundments or intermittent?	points the treatment work works) or other surface impoundin	1 0 0 1	⊠ No m	ngd
		i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharge that do not have outlets for discharge If yes, provide the following for each Location: Annual average daily volume disch ls discharge	or partially treated effluent w points overflows (prior to the heady le effluent to basins, ponds, or ge to waters of the U.S.? ch surface impoundment: large to surface impoundment s or intermittent? bly treated wastewater? ch land application site:	points the treatment work works) or other surface impoundin Yes	1 0 0 1	⊠ No m	ngd
		i. Discharges of treated eff ii. Discharges of untreated iii. Combined sewer overflow iv. Constructed emergency v. Other Does the treatment works discharge that do not have outlets for discharge If yes, provide the following for each Location: Annual average daily volume disch ls discharge	or partially treated effluent w points overflows (prior to the heady le effluent to basins, ponds, or ge to waters of the U.S.? ch surface impoundment: large to surface impoundment s or intermittent? bly treated wastewater? ch land application site:	points the treatment works) or other surface impoundin Yes	1 0 0 1 1 ments	⊠ No m	ngd

Town of Marion VA 0086304

	If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).						
	If transport is by a party other than the applicant, provide:						
	Transporter Name						
	Mailing Address						
	Contact Person						
	Title						
	Telephone Number ()						
	For each treatment works that receives this discharge, provide the following:						
	Mailing Address						
	Contact Person						
	Title						
	Telephone Number ()						
	If known, provide the NPDES permit number of the treatment works that receives this discharge						
	Provide the average daily flow rate from the treatment works into the receiving facility mgd						
e.	Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection):						
	If yes, provide the following for each disposal method:						
	Description of method (including location and size of site(s) if applicable):						
	Annual daily volume disposed by this method:						
	Is disposal through this method continuous or intermittent?						

Form Approved 1/14/99 OMB Number 2040-0086

Town of Marion VA 0086304

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B. "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

Desc	ription of Outfall.				
a.	Outfall number	001			
b.	Location	<u>Marion</u>			24354
		(City or town, if applicable	e)		(Zip Code)
		Smyth (County)			Va (State)
		36 D 49 M 21S			81 D 33 M 08S
		(Lattitutde)			(Longitude)
C.	Distance from shore (if a	pplicable)	22.4		ft.
d.	Depth below surface (if a	pplicable)	<u>.5</u>		ft.
e.	Average daily flow rate		1.5		mgd
f.	Does this outfall have eitl discharge?	her an intermittent or a per	riodic Yes	⊠ No	(go to A.9.g.)
	If yes, provide the following	ng information:			
	Number f times per year	discharge occurs:			_
	Average duration of each	ı discharge:			_
	Average flow per dischar	ge:			mgd
	Months in which discharg	je occurs:			_
g.	Is outfall equipped with a	diffuser?		☐ No	
Desc	ription of Receiving Waters	\$.			
a.	Name of receiving water	Middle Fork	Holston River		
b.	Name of watershed (if kn	nown) <u>Holston Rive</u>	<u>) [</u>		
	United States Soil Conse	ervation Service 14-digit wa	atershed code (if	known):	
C.	Name of State Managem	ent/River Basin (if known):	: <u>Ten</u>	nessee Biç	g-Sandy River
	United States Geological	Survey 8-digit hydrologic	cataloging unit or	ode (if knowr	n):
	omico carco conogica	, , , ,			
d.	Critical low flow of receivi	ing stream (if applicable)	chronic		cfs

Town of Marion VA 0086304

I OMU OLIMANOU AM 0000204									OMB Number 2040-0086		
A.11.	Descript	ion of T	reatmen	t							
	a.	What levels of treatment are provided? Check all					apply.				
		☑ Primary ☑ Secondary									
		☐ Adv	anced		Other. Des	scribe: _					······································
	b.	Indicate	the follow	ving removal	rates (as app	licable):					i i
		Design	BOD5 rer	noval <u>or</u> Desi	gn CBOD5 re	moval	val <u>90</u> %				%
		Design SS removal					90				%
		Design	P remova	ļ			0			%	
		Design i	N remova	1			8	5			%
		Other									%
	C.	What ty	pe of disi	nfection is use	ed for the effic	uent from 1	his outfall?	If disinfection v	aries by s	eason, ple	ease describe:
		Ultra V	iolet Ra	diation							
	•	lf disinfe	ection is b	y chlorination	is dechlorina	tion used	for this outf	ali?	☐ Yes		No
				•	post aeration				— ⊠ Yes		_ □ No
					<u></u>						
Outfall n	In addition requirement data mus	on, this nents fo	data mu: r standa	st comply wi rd methods f	th QA/QC re- or analytes r	quirement not addres	ts of 40 CF ssed by 40	is conducted u R Part 136 and CFR Part 136. han four and or	other app	propriate mum, eff	QA/QC luent testing
	PARAME	ETER		MAXIMUM DAILY VALUE			AVERAGE DAILY VALUE				
				Value	Units	5	Value		s	Number of Samples	
pH (Mini	imum)			6.3	s.u.					•	
pH (Max	dimum)	··		7.1	ŝ.u.					, .	
Flow Ra	te			3.9869	mgd		1.5	mgd		1 / Day	
Tempera	ature (Win	ter)		14	С		11	С			l / Day
Tempera	ature (Sum			22	C	-:	20	С			I / Day
			ероп а т		a maximum da JM DAILY		VERAGE	DAII Y	ANALY	TICAL	ML/MDL
POLLUTANT				HARGE	-	DISCHA		MET			
				Conc.	Units	Conc.	Units	Number of Samples			
CONVE	NTIONA	L AND	NON C	ONVENTIO	NAL COMP	OUNDS		• • • • • • • • • • • • • • • • • • • 			
	VICAL OXY		BOD5								
DEMAND	(Report or	ie)	CBOD5	19.9	mg/i	.62	mg/l	3 / W	SM52	210B	2 mg/l
	COLIFORI		OII	2419.6	N/Cml	122.9	N/CmI	3 / W	19 th SN	92238	1 / cm1
TOTAL SUSPENDED SOLIDS (TSS) 18.8 mg/l 4.0				4.0	mg/l	3 / W	SM25	40D	5 mg/l		

END OF PART A. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY N	AME AND PERMIT NUMBER:	
	Town of Marion VA 0086304	
BASIC A	PPLICATION INFORMATION	
PART B.	ADDITIONAL APPLICATION INFORMAT THAN OR EQUAL TO 0.1 MGD (100,000	ION FOR APPLICANTS WITH A DESIGN FLOW gallons per day).

OMB Number 2040-0086 GREATER ertification). B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. 50,000 gpd Briefly explain any steps underway or planned to minimize inflow and infiltration. We still have no plans other than typic! line maintainence to minimise I&I. Estimate flow to be less than 5% of total flow. B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) The area surrounding the treatment plant, including all unit processes. a. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which b. treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. Each well where wastewater from the treatment plant is injected underground. C. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment d. works, and 2) listed in public record or otherwise known to the applicant. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed. e. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck. f rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed. B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. B.4. Operation/Maintenance Performed by Contractor(s). Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ⊠ Yes If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary). Name: EMS, INC P.O. Box 784 Mailing Address: Wythville Va. 24382 Telephone Number: (276) 228-6464 Responsibilities of Contractor: Effluent Monitoring B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

☐ No

☐ Yes

Form Approved 1/14/99

Town of Marion VA 0086304

Form Approved 1/14/99 OMB Number 2040-0086

d.	Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion data applicable. Indicate dates as accurately as possible.							
		Schedule	Actual Completion					
	Implementation Stage	MM/DD/YYYY	MM/DD/YYYY					
	- Begin Construction		<u> </u>					
	- End Construction		<u> </u>					
	- Begin Discharge							
	- Attain Operational Level							
e.	Have appropriate permits/clearances concerning other Federal/State requirements been obtained?							
	Describe briefly:							

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. On not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001_____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL	
	Conc.	Units	Conc.	Units	Number of Samples			
CONVENTIONAL AND NON CO	NVENTION	NAL COMP	OUNDS					
AMMONIA (as N)	4.4	mg/l	.47	mg/l	46	4500nH3C	.20	
CHLORINE (TOTAL RESIDUAL, TRC)	NA	NA	NA	NA	NA	NA	NA	
DISSOLVED OXYGEN	10.9	mg/l	8.09	mg/l	455	4500-O-G	.01	
TOTAL KJELDAHL NITROGEN (TKN)	AM	NA	NA	NA	NA	NA	NA	
NITRATE PLUS NITRITE NITROGEN	NA	NA	NA	NA	NA	NA	NA	
OfL and GREASE	AM	NA	NA	NA	NA	NA	NA	
PHOSPHORUS (Total)	NA	NA	NA	NA	NA	NA	NA	
TOTAL DISSOLVED SOLIDS (TDS)	18.8	mg/l	4.0	mg/l	130	2540 D	.1	
OTHER CBOD 5	19.9	mg/l	.62	mg/l	130	5210 B	2.0	

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:	
Town of Marion VA 0086304	Form Approved 1/14/99 OMB Number 2040-0086
BASIC APPLICATION INFORMATION	
PART C. CERTIFICATION	
All applicants must complete the Certification Section. Refer to instructions applicants must complete all applicable sections of Form 2A, as explained in completed and are submitting. By signing this certification statement, applic sections that apply to the facility for which this application is submitted.	the Application Overview. Indicate below which parts of Form 2A you have
Indicate which parts of Form 2A you have completed and	1 are submitting:
Basic Application Information packet Supp	plemental Application Information packet:
	Part D (Expanded Effluent Testing Data)
	Part E (Toxicity Testing: Biomonitoring Data)
· 🖂	Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
	Part G (Combined Sewer Systems)
ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIF	ICATION.
I certify under penalty of law that this document and all attachments were priced designed to assure that qualified personnel property gather and evaluate the manage the system or those persons directly responsible for gathering the in accurate, and complete. I am aware that there are significant penalties for significant penalties for significant penalties.	information submitted. Based on my inquiry of the person or persons who
Name and official title John E.B. Glark, JR	
Signature John 5./5.	lax.ff.
Telephone number (2/6) 783-4113	
Date signed January 5,	2010
Upon request of the permitting authority, you must submit any other informat works or identify appropriate permitting requirements.	ion necessary to assure wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:

Town of Marion VA 0086304

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 See Attached (Complete once for each outfall discharging effluent to waters of the United States.)

	V	IAXIMUI DISCH		1			DAILY	DISCHA	RGE	ANALYTICAL	
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	ML/MDL
METALS (TOTAL RE	COVERAB	LE), CYAN	IIDE, PHE	NOLS, AN	ID HARDI	IESS.					
ANTIMONY							:				
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER					-						
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO3)						,					
Use this space (or a se	eparate she	et) to provi	de informa	ation on ot	her metals	requested	by the pe	mit writer	1		

Town of Marion VA 0086304

Outfall number: 001		(Complete	once for e	ach outfall	dischargi	ng effluent	to waters o	of the United	States.)	
	N	AXIMU DISCH	M DAIL		A	/ERAGE	DAILY	DISCHA	RGE	ANALYTICAL	
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	ML/MDL
VOLATILE ORGANIC	COMPOU	NDS									
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
COLORBENZENE											
CHLOROBIDBROMO- METHANE											
CHLOROETHANE											
2-CHLORO- ETHYLVINYL ETHER											
CHOLOROFORM				:							
DICHLOROBROMO- METHANE											
1,1- DICHLOROETHANE											
TRANS-1,2- DICHLORO- ETHYLENE											
1,1- DICHLOROPROPANE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2- TETRACHLORO- ETHANE											
TETRACHLORO- ETHYLENE											
TOLUENE	······································										

Town of Marion VA 0086304

Outfall number: 001		(Complete once for each ou								States.)	
	N	IAXIMU	M DAIL	Y	A۱	/ERAGE	DAILY	DISCHA	RGE		
	1	DISCH	ARGE							ANALYTICAL	
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	ML/MDL
1,1,1- TRICHLOROETHANE											
1,1,2- TRICHLOROETHANE											
TRICHLOROETHYL ENE											
VINYL CHLORIDE											
Use this space (or a se	eparate she	et) to provi	ide informa	ation on ot	her metals	requeste	d by the pe	ermit writer			
ACID-EXTRACTABLE	COMPOU	NDS				•					
P-CHLORO-M- CRESOL											
2-CHLOROPHENOL	- · · · · · · · · · · · · · · · · · · ·										
2,4- DIMETHYLPHENOL											
4,6-DINITRO-O- CRESOL											
2,4- DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTA CHLOROPHENOL									,		
PHENOL											
2,4,6-TRICHLORO PHENOL	_										
Use this space (or a se	parate she	et) to provi	de informa	ation on ot	her metals	requested	by the pe	rmit writer			
BASE-NEUTRAL COM	#POUNDS									, , , , , , , , , , , , , , , , , , ,	•
ACENAPHTHENE	•									• • • • • • • • • • • • • • • • • • • •	
ACENAPHTYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A) ANTHRACENE							:				
BENZO(A)PYRENE											

Town of Marion VA 0086304

Outfall number: 001					ach outfall	dischargir	ng effluent	to waters o	f the United	States.)	
	N	IAXIMUI DISCH		1	A۱	/ERAGE	DAILY	DISCHA	RGE	ANALYTICAL	
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	ML/MDL
3.4 BENZO- FLUORANTHENE								•			
BENZO(GHI)PERYL ENE											
BENZO(K)FLUORA NTHENE											
BIS (2-CHLORO ETHOXY) METHANE											
BIS (2-CHLOROETHYL)- ETHER											
BIS (2-CHLOROISO- PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORO NAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE									- " -		
1,2-DICHLORO BENZENE											
1,3-DICHLORO BENZENE											
1,4-DICHLORO BENZENE								11	į		
3,3-DICHLORO BENZIDINE											
DIETHYL PHTHALATE								-		,,,	
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE								į			
2,6-DINITROTOLUENE											
1,2- DIPHENYLHYDRAZINE										-	

Town of Marion VA 0086304

Form Approved 1/14/99 OMB Number 2040-0086

Outfall number: 001									f the United	States.)	
	N	IAXIMU		7	A۱	/ERAGE	DAILY	DISCHA	RGE		
POLLUTANT		DISCH		T 44 44		T 25 22		r		ANALYTICAL	ML/MDL
POLLUTANT	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	METHOD	MEMBE
FLUORANTHENE											
FLUORENE											
HEXACHLORO BENZENE	-						: {				
HEXACHLOROBUT ADIENE											
HEXACHLOROCYCLO- PENTADIENE											
HEXA CHLOROETHANE											
INDENO(1,2,3-CD) PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N- PROPYLAMINE						·					
N-NITROSODI- METHYLAMINE											
N-NITROSODI- PHENYLAMINE											
PHENANTHRENE											
PYRENE										•	
1,2,4- TRICHLOROBENZENE						1800					
Use this space (or a se	eparate shee	et) to provi	de informa	ation on ot	her metals	requested	by the pe	rmit writer			
Use this space (or a se	parate shee	et) to provi	de informa	ation on ot	her metals	requested	by the pe	mit writer	<u> </u>		

END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

Town of Marion VA 0086304

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity tests
 conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a
 toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

 If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to

complete.				
E.1.	Required Tests. HAVE	Already Been Submitte	d on Annual Basis	
		effluent toxicity tests conducted in the p		
	Chronic C acute			•
			e effluent toxicity test conducted in the nis page if more than three tests are be	
		Test number:	Test number:	Test number:
	a. Test information.			
Test Spec	ies & test method number			
Age at init	iation of test			
Outfall nur	nber			
Dates san	npie collected			
Date test s	started			
Duration				
	b. Give toxicity test me	thods followed.		
Manual titl	e			
Edition nur	mber and year of publication			
Page num	ber(s)			
	c. Give the sample col	lection method(s) used. For multiple g	rab samples, indicate the number of gra	ab samples used.
24-Hour co	omposite			
Grab				
	d. Indicate where the s	ample was taken in relation to disinfec	tion. (Check all that apply for each.	
Before disi	infection			
After disinf	fection			
After dech	lorination			

Town of Marion VA 0086304

		Test number:	Test number:	Test number:
e .	Describe the point in	the treatment process at which the sar	nple was collected.	
Sample was collect	ted:			
f.	For each test, include	le whether the test was intended to asso	ess chronic toxicity, acute toxicity, or be	oth
Chronic toxicity				
Acute toxicity				
g.	Provide the type of t	est performed.		
Static				
Static-renewal				
Flow-through				
h.	Source of dilution wa	ater. If laboratory water, specify type; if	receiving water, specify source.	
Laboratory water				
Receiving water				
i.	Type of dilution water	er. If salt water, specify "natural" or type	of artificial sea salts or brine used.	
Fresh water	·	• ***		
Salt water				
j.	Give the percentage	effluent used for all concentrations in the	he test series.	···
k.	Parameters measure	ed during the test. (State whether parar	meter meets test method specifications)
pН				
Salinity				
Temperature				
Ammonia				
Dissolved oxygen		·		
l.	Test Results.			
Acute:				
Percent effluent	survival in 100%	%	%	%
LC ₅₀	-			
95% C.I.		%	%	%
Control p	percent survival	%	%	%
Other (de	escribe)			

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Town of Marion VA 0086304 Chronic: NOEC % % % IC25 % % % Control percent survival % % % Other (describe) Quality Control/Quality Assurance. Is reference toxicant data available? Was reference toxicant test within acceptable bounds? What date was reference toxicant test 1 1 1 1 1 run (MM/DD/YYYY)? Other (describe) E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation? Yes No If yes, describe: _ E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results. __ (MM/DD/YYYY) Date submitted: Summary of results: (see instructions) END OF PART E. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Client: Olver, Inc. Project ID: OLVR1033

Client Sample ID: Town of Marion WWTP Outfall 001

Permit No: VA0086304

Sample Period: 7/12/10-7/15/10



Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:	Prepared By:
Ms. Amy Alexander	Coastal Bioanalysts, Inc.
Olver, Inc.	6400 Enterprise Court
1116 South Main Street	Gloucester, VA 23061
Blacksburg, VA 24060	(804) 694-8285
	www.coastalbio.com
	Contact: Peter F. De Lisle, Technical Director

Acute Test Results				
Species-Test Method	48-h LC50	95% C.L.	T.U.Ac	NOAEC
C. dubia EPA 2002.0	>100	N/A	<1.00	N/A
P. promelas EPA 2000.0	>100	N/A	<1.00	N/A

Chronic Test l	Chronic Test Results										
Species- Test Method	Endpoint	NOEC	LOEC	ChrV	PMSD	T.U.c	IC25	48-h LC50	LC50 95% C.L.	T.U.Ac	
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00	
EPA 1002.0	Reproduction	100	>100	>100	33	1.00	12.2	N/A	N/A	N/A	
P. promelas .	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00	
EPA 1000.0	Biomass	100	>100 _	>100	11	1.00	>100	N/A	N/A	N/A	

Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summ		<u>-</u>	Sample	Concentra	tion (%)		
Species-Method	Endpoint	Control	6.25	. 12.5	25.0	50.0	100
C. dubia EPA 2002.0	Survival (%):	100	100	100	100	100	100
P. promelas EPA 2000.0	Survival (%):	100	100	100	100	95	100

Chronic Test Biological Sum	mary Data			Sample	Concentra	ition (%)	
Species-Method	Endpoint	Control	13.7	22.5	37.0	60.8	100
C. dubia EPA 1002.0	Survival (%):	100	100	90	100	100	100
	Repro (# young):	24.2	17.4	16.6	16.8	18.4	16.8
P. promelas EPA 1000.0	Survival (%):	- 98	98	100	100	95	93
	Biomass (mg):	0.749	0.779	0.785	0.737	0.707	0.699





Consulting Engineers and Applied Scientists

August 10, 2006

Mr. Donald Coley Superintendent Town of Marion Wastewater Treatment Plant 515 Church Street Marion, VA 24354

Re:

Annual Whole Effluent Toxicity (WET) Testing Results:

Olver Project Number: 61024

Dear Mr. Coley:

Enclosed are three copies of the report which describes the performance and the results of the sixth annual acute and chronic toxicity testing performed by Olver Incorporated for the Town of Marion Wastewater Freatment Plant. Testing consisted of 48-hour static acute *Ceriodaphnia dubia* and fathead minnow (*Pimephales promelas*) tests, a 3-brood chronic *Ceriodaphnia* survivat and reproduction test, and a 7-day chronic fathead minnow test using 24-hour composite effluent samples from Outfall 001.

The results of this testing showed that the effluent exhibited no acute toxicity effects on the test organisms. In the chronic testing, *Ceriodaphnia* survival and reproduction were not adversely affected by the effluent. Likewise, fathead minnow survival was not adversely affected by the effluent. However, fathead minnow growth was significantly affected in the 100% effluent concentration, though no toxicity effects were observed near the current effluent discharge limit of 10%. The toxicity end-points for all tests are summarized as follows:

Testing	Testing-Performed	Toxicity End Poir	it (% Effluent)
Dates		NOEC of EG ₅₀	TU; or TU;
8/02/06 - 8/04/06	48-Hour Acute Ceriodaphnia	100%	< 1.0
8/02/06 - 8/04/06	48-Hour Acute Fathead Minnow	100%	< 1_0.
8/01/06 - 8/06/06	3-Brood Ceriodaphnia Chronic	100%	1.0
8/01/06 — 8/08/06	7-Day Fathead Minnow Chronic	60.8%	1.6

I have provided for your review three copies of each report, two copies of which must be submitted to the DEQ by October 10th, 2006.

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TOXICITY TEST DATA SUMMARY SHEET

E.

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Page __1_ of _1_

Client/Facility: Marion WWTP

Toxicant/Effluent: 001

NPDES Permit No.: VA0086034

Job No.: 61024

24.5%		Upper Percent MSD*: Growth (≤ 30%)	Test (or Bonferroni t-Test).		was calculated using Dunnett's
	20.3%	Upper Percent MSD*: Reproduction (≤ 47%)			
>100%	90.1%				N/A = NOT Applicable
1.0	1.6	TU _c : Reproduction/Growth (= 100/NOEC)			
100%	60.8%	NOEC: Reproduction/Growth			
1.0	1.0	TU _c : Survival (= 100/NOEC)			
>100%	>100%	48-Hour LC ₅₀			comments/Notes:
100%	100%	NOEC: Survival	}	:	NONE METIOD
Steel's/Dunnett's	Steel's				NOARO Method
Ω		NOEC Method	. 1	1	Homogeneous Variance?
G Yes	No	Varie		;	Normal Distribution?
S: No G Yes	No	Norma Distribution? (Yes/No)	Į.	-	NUAEC (If required)
		Statistical Analyses Results:	<1.0	<1.0	10a (= 100/LC50)
10	-	No. of Organisms/Replicate	NA	NA	LC50 Method
4	10	Number of Replicates	NA	NA	95% Confidence Interval
97.5%	90%	Survival in Highest (100%) Concentration	>100%	>100%	
0.313 mg		Average weight/surviving Control			Results:
	25.4	Avg. No. of Young/Surviving Female (≥ 15)		C	Statistical Analyses
	100%		2	4	No of Organisms/Replicate
	10	No. of Control Females	%DUL	7,001	No of Benlicator
97.5%	100%	Control Survival (≥ 80%)	100%	100%	Control Survival (2 90%)
		Test Acceptability:	The second secon		lest Acceptability:
Continuous	Continuous	Aeration:	Continuous	Continuous	Aeralion:
Olver Inc.	Olver Inc.	Organism Source:	Olver Inc.	Olver Inc.	Organism Source:
EPA MHW	EPA MHW	Dilution Water:	EPA MHW	EPA MHW	Dilution Water:
24-48 hrs.	4 – 8 hours	Test Organism Age	4 days	<24 hours	Test Organism Age
		Test Conditions:			Test Conditions:
8/27 - 9/3/07	8/27 - 9/2/07	Test Date(s):	8/29 - 8/31/07	8/29 - 8/31/07	Test Date(s):
P prometas	C:dubia	EPA-821-R-02-013	P promelas	C. dubia	EPA-821-R-02-012
	TEST RESULTS	CHRONIC TOXICITY TEST RESULTS	LTS	ACUTE TOXICITY TEST RESULTS	ACUTE TOXI

TOXICITY TEST DATA SUMMARY SHEET

Page 1 of 1

Client/Facility: Marion WWTP

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Toxicant/Effluent: 001

NPDES Permit No.: VA0086034

Job No.: 61024

ACUTE TOXIC	ACUTE TOXICITY TEST RESULTS	21			
EPA-821-R-02-012	C dubia	σ	EDV 831 D 03 013	IESI KESULIS	
Test Date(s):	7/30 - 8/1/08	7/30 - 8/1/DR	1000 日かりの 1-7-0と-013	C. dubia	P. promelas
Test Conditions:			Test Conditions:	9/2 - 9/9/08	9/2 - 9/9/08
Test Organism Age	<24 hours	4 days	Test Organism Age		
Dilution Water:	EPA MHW	FPA MHW	Dilution Water	2.25 ~ 6.25hours	1 - 5 hrs.
Organism Source:	Olver Inc	Olvering	Organism Source:	EPA MHW	EPA MHW
Aeration:	Continuous	Continuous	Accation:	Olver Inc.	Olver Inc.
Test Acceptability:	0000000	COMMOUS	ACIDION.	Continuous	Continuous
Control Survival (≥ 90%)	100%	100%	Lest/Acceptability:		
Survival in 100%	95%	Q.K.0/,0	No of Costrol (2 80%)	100%	100%
No. of Replicates	4	30,6	% Control Econolog 3 Broad & Social	10	
No of Organisms/Replicate	S)	10	<u>`</u>	80%	
Statistical Analyses			Average Weight/Supriving Control	U.C.	が できない かんだい かんだい かんしゅう かんしゅ かんしゅう かんしゅん かんしゅ かんしゅん しゅん しゅん しゅん しゅん しゅん しゅん しゅん しゅん しゅん
Results:			(≥ 0.25 mg):		0.324 Ing
	>100%	>100%	Survival in Highest (100%) Concentration	100%	100%
20 % Colliderice interval	N/A	N/A		10	4
LC50 Welloa	N/A	N/A	No. of Organisms/Replicate		10
10a (= 100/LC50)	<1.0	<1.0	Statistical Analyses Results:	選出版を選挙では、「他の一人」とは、「他の一人」というです。	
NOMEC (II required)	-		Normal Distribution? (Yes/No)	Yes	S. No G. Yes
Northal Distribution?			Homogeneous Variance? (Yes/No)	Yes	<mark>کا ج</mark>
nomogeneous variance?	1	í	f		S
NOAEC Method				Dunnett's	Steel's/Dunnett's
Comments/Notes:			NOCC. Survival	100%	100%
				>100%	>100%
			10° SUMINAI (= 100/NOEC)	1.0	1.0
				100%	22.5%
			IUc. Reproduction/Growth (= 100/NOEC)	1.0	4.44
N/A = Not Applicable			IC ₂₅ : Reproduction/Growth	>100%	>100%
The state of the s		·	Upper Percent MSD*: Reproduction (≤ 47%)	46.9%	
mon was calculated usited D	unnett s Test (or E	onterroni t-lest).	Upper Percent MSD*: Growth (≤ 30%)		13.4%
was calculated using Dunnett's Test (or Bonferroni t-Test).	unnett's Test (or E	onferroni t-Test).	Upper Percent MSD*: Growth	h (≤ 30%)	h (≤ 30%)

Client: Olver, Inc. Project ID: OLVR0904

Client Sample ID: Town of Marion WWTP Outfall 001

Permit No: VA0086304

Sample Period: 7/27/09-7/30/09



Report of Analysis: Whole Effluent Toxicity (WET)

Submitted To:

Ms. Amy Alexander
Olver, Inc.

1116 South Main Street
Blacksburg, VA 24060

(804) 694-8285

www.coastalbio.com
Contact: Peter F. De Lisle, Technical Director

Acute Test Results				
Species-Test Method	48-h LC50	95% C.L.	T.U.Ac	NOAEC
C. dubia EPA 2002.0	>100	N/A	<1.00	N/A
P. promelas EPA 2000.0	>100	N/A	<1.00	N/A

Chronic Test I	Results	Company of the Control of the Contro		,						
Species- Test Method	Endpoint	NOEC	LOEC	Chr_V	PMSD	T.U.c	IC25	48-h LC50	LC50 95% C.L.	T.U. _{Ac}
C. dubia	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1002.0	Reproduction	100	>100	>100	26	1.00	>100	N/A	N/A	N/A
P. promelas	Survival	100	>100	>100	N/A	1.00	N/A	>100	N/A	<1.00
EPA 1000.0	Biomass	100	>100	>100	36 °	1.00	55.1	N/A	N/A	N/A

Replicate-specific, sporadic mortality in higher effluent concentrations (60.8% and 100% concentrations), but not controls, suggests the presence of an indigenous fish pathogen as the cause of the high test PMSD. Removal of these treatments with high coefficients of variation for survival (39-40%) from the statistical analysis resulted in an acceptable PMSD of 20%, indicating sufficient test sensitivity at concentrations greater than or equal to the critical (IWC) concentration of 16%. Details regarding test conduct and data analysis provided in attached bench sheets and printouts as applicable.

Acute Test Biological Summ			Sample	Concentra	tion (%)		
Species-Method	Endpoint	Control	6.25	12.5	25	50	100
C. dubia EPA 2002.0	Survival (%):	100	100	100	100	100	100
P. promelas EPA 2000.0	Survival (%):	100	100	100	100	100	100

Chronic Test Biological Sun	nmary Data			Sample	Concentra	tion (%)	
Species-Method	Endpoint	Control	13.7	22.5	37.0	60.8	100
C. dubia EPA 1002.0	Survival (%):	90	100	100	100	90	100
	Repro (# young):	22.9	_ 27.7	23.6	27.1	26.3	26.4
P. promelas EPA 1000.0	Survival (%):	100	93	88	93	70	75
	Biomass (mg):	0.816	0.775	0.713	0.741	0.571	0.581

AUG 1 9 2000

OLVER INCORPORATED



October 12, 2010

Ms. Ruby Scott Southwest Regional Office Virginia DEO 355 Deadmore Street P.O. Box 1688 Abingdon, VA 24212

Re:

Town of Marion WWTP Annual Whole Effluent Toxicity (WET) Testing Results; VPDES Permit No. VA0086304, Olver Project Number: 21998

Dear Ms. Scott:

Enclosed are two copies of the report which describes the performance and the results of the annual acute and chronic toxicity testing performed for the Town of Marion Wastewater Treatment Plant. Testing consisted of -48-hour static acute Ceriodaphnia dubia and fathead minnow (Pimephales promelas) tests, a 3-brood chronic Ceriodaphnia survival and reproduction test, and a 7-day chronic fathead minnow test using 24-hour composite effluent samples from Outfall 001. This report is submitted on behalf of the Town of Marion.

The results of this testing showed that the effluent did not exhibit acute or chronic toxicity to the test organisms. The toxicity end-points for all tests are summarized as follows:

Testing Dates	Alesting Performed	ToxicityEnd-Poin	t((%Æffluent) TiV.or TV2
7/14/10 - 7/16/10	48-Hour Acute Ceriodaphnia	>100%	< 1.0
7/14/10 – 7/16/10	48-Hour Acute Fathead Minnow	>100%	< 1.0
7/13/10 – 7/19/10	3-Brood Ceriodaphnia Chronic	100%	1.0
7/13/10 – 7/20/10	7-Day Fathead Minnow Chronic	100%	1.0

Please do not hesitate to contact me should you have any questions, comments, or additional needs.

Very truly yours,

R. Lawrence Hoffman

Director of Technical Services-Environmental/Planning.

RLH/mlc Enclosures

Mr. Doug Teaster, Superintendent, Town of Marion Wastewater Treatment Plant (w/o enclosures) Ashley Ruble, Scientist I, Olver - A CHA Company (w/o enclosures)



Consulting Engineers and Applied Scientists

August 10, 2006

Mr. Donald Coley Superintendent Town of Marion Wastewater Treatment Plant 515 Church Street Marion, VA 24354

Re:

Annual Whole Effluent Toxicity (WET) Testing Results;

Olver Project Number: 61024

Dear Mr. Coley:

Enclosed are three copies of the report which describes the performance and the results of the sixth annual acute and chronic toxicity testing performed by Olver Incorporated for the Town of Marion Wastewater Freatment Plant. Testing consisted of 48-hour static acute *Ceriodaphnia dubia* and fathead minnow (*Pimephales promelas*) tests, a 3-brood chronic *Ceriodaphnia* survival and reproduction test, and a 7-day chronic fathead minnow test using 24-hour composite effluent samples from Outfall 001.

The results of this testing showed that the effluent exhibited no acute toxicity effects on the test organisms. In the chronic testing, *Ceriodaphnia* survival and reproduction were not adversely affected by the effluent. Likewise, fathead minnow survival was not adversely affected by the effluent. However, fathead minnow growth was significantly affected in the 100% effluent concentration, though no toxicity effects were observed near the current effluent discharge limit of 10%. The toxicity end-points for all tests are summarized as follows:

Testing	Festing Penformed	Texicity End-Poir	
PATER OF POTO CONTRACTOR	DELTA SECURE CONTRACTOR OF THE	NOEC of LC50	TU.or.TU.
8/02/06 - 8/04/06	48-Hour Acute Ceriodaphnia	100%	< 1.0
8/02/06 - 8/04/06	48-Hour Acute Fathead Minnow	100%	< 1_0.
8/01/06 8/06/06	3-Brood Ceriodaphnia Chronic	- 100%	0.1
8/01/06 - 8/08/06	7-Day Fathead Minnow Chronic	60.8%	1.6

I have provided for your review three copies of each report, two copies of which must be submitted to the DEQ by October 10th, 2006.

Rhelohio: 5/A

Charlotte, W

March 1986

. 23%, Ast

As always, should you have any questions regarding these or other matters, please do not hesitate to contact me at our Blacksburg office, (540) 552-5548.

Sincerely,

OLVER INCORPORATED

Franke lode

Branden Locke

Assistant Bioassay Group Manager

BAL/egl

Enclosures

cc: Susan Mirlohi, Acting Bioassay Manager. Olver Incorporated

FACILIT	Y NAME AND P	ERMIT NUMBER:				
	Town	of Marion VA 0086304	Form Approved 1/14/99 OMB Number 2040-0086			
SUPP	LEMENTAL	APPLICATION INFORMATION				
		USTRIAL USER DISCHARGES AND eiving discharges from significant industrial	RCRA/CERCLA WASTES users or which receive RCRA,CERCLA, or other remedial wastes must			
GENE	RAL INFORM	ATION:				
F.1.	Pretreatment	program. Does the treatment works have, o	r is subject ot, an approved pretreatment program?			
	⊠ Yes □ N	No				
F.2.		ignificant Industrial Users (SIUs) and Co	ategorical Industrial Users (CIUs). Provide the number of each of the nt works.			
	a. N uml	per of non-categorical SIUs.				
	b. Numi	per of CIUs. <u>2</u>				
SIGNII	FICANT INDU	STRIAL USER INFORMATION::				
		ormation for each SIU. If more than one SIU requested for each SIU.	discharges to the treatment works, copy questions F.3 through F.8 and			
F.3.	Significant In additional page:		me and address of each SIU discharging to the treatment works. Submit			
	Name:	General Dynamics				
	Mailing Address	: 150 Johnston Road				
		Marion Va. 24354				
F.4.	Industrial Pro	ocesses. Describe all the industrial processes	that affect or contribute to the SIU's discharge.			
	SIC codes	3448,3728,3724,3764				
F.5.	Principal Prod discharge.	uct(s) and Raw Material(s). Describe all of	the principal processes and raw materials that affect or contribute to the SIU's			
	Principal produc	t(s): Shelters, Defence Departn	nent, Winglets			
	Raw material(s)	Metal, Plastic, Fiberglass				
F.6.	Flow Rate.					
	a. Proce	ess wastewater flow rate. Indicate the average as per day (gpd) and whether the discharge is c	daily volume of process wastewater discharge into the collection system in ontinuous or intermittent.			
	<u>60,0</u>	DO gpd (x continue	us or intermittent)			
	b. Non-p syster	process wastewater flow rate. Indicate the aver in in gallons per day (gpd) and whether the disc	age daily volume of non-process wastewater flow discharged into the collection harge is continuous or intermittent.			
	<u>20,0</u>	gpd (continue	us or <u>x</u> intermittent).			
F.7.	Pretreatment	Standards. Indicate whether the SIU is subject to the subject to t	ect to the following:			
	a. Local	limits Yes] No			
	b. Categ	orical pretreatment standards X Yes] No			
		egorical pretreatment standards, which category	and subcategory?			
Part 433 Subpart A						

Town of Marion VA 0086304

SUPPI	LEMEN	TAL AP	PLICATION INFORMATION				
PART	F.	INDUST	RIAL USER DISCHARGES AND RCRA/CERCLA WASTES				
All treats complete		s receivin	g discharges from significant industrial users or which receive RCRA,CERCLA, or other remedial wastes must				
GENER	RAL INF	ORMATI	ON:				
F.1.	Pretreat	tnent pro	gram. Does the treatment works have, or is subject ot, an approved pretreatment program?				
	⊠ Yes	☐ No					
F.2.			Ticant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the dustrial users that discharge to the treatment works.				
	a.	Number o	f non-categorical SIUs.				
	b.	Number o	f CIUs. <u>2</u>				
SIGNIF	ICANT I	NDUSTI	RIAL USER INFORMATION::				
			ntion for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and sested for each SIU.				
F.3.		ant Indus I pages as	trial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit necessary.				
	Name:		Utility Trailer, Inc				
	Mailing A	ddress:	P.O. Box 230				
			Atkins Va. 24311				
F.4.	Industri	al Proces	ses. Describe all the industrial processes that affect or contribute to the SIU's discharge.				
	SIC coc	des 371	5				
F.5.	Principal discharge		s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's				
	Principal	product(s):	Semi Trailers				
	Raw mate	erial(s):	Aluminum, Steel, Iron				
F.6.	Flow Ra	ite.					
			astewater flow rate. Indicate the average daily volume of process wastewater discharge into the collection system in r day (gpd) and whether the discharge is continuous or intermittent.				
		0	gpd (continuous or intermittent)				
			ss wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collectio gallons per day (gpd) and whether the discharge is continuous or intermittent.	n			
		<u>5000</u>	gpd (continuous or x intermittent)				
F.7.	Pretreat		ndards. Indicate whether the SIU is subject to the following:				
	a.	Local limit	S ☐ Yes ☑ No				
	b.	Categoric	al pretreatment standards				
	If subject	to categori	cal pretreatment standards, which category and subcategory?				
	Company has eliminated permited process, but wants to keep permit if needed in future.						

FACILIT	Y NAME	AND PERMIT NUMBER:			
	7	own of Marion VA (0086304		Form Approved 1/14/99 OMB Number 2040-008
F.8.	Problem problem	ms at the Treatment Works (e.g., upsets, interference)	orks Attributed to Waste I at the treatment works in the	Discharge by the SIU. Has the SII past three years?	U caused or contributed to any
	☐ Yes	s 🛛 No If yes.	describe each episode.		
RCRA	HAZAF	RDOUS WASTE RECE	IVED BY TRUCK, RAIL	, OR DEDICATED PIPELINE	
F.9.		Waste. Does the treatmented pipe?	t works receive or has it in the	past three years received RCRA haza	ardous waste by truck, rail or
	☐ Yes	s			
F.10	Waste	transport. Method by whi	ch RCRA waste is received (c	heck all that apply):	
	☐ Tru	ck Rail	☐ Dedicated Pipe		
F.11	Waste	Description. Give EPA h	azardous waste number and a	amount (volume or mass, specify units).
	EPA Ha	zardous Waste Number	<u>Amount</u>	<u>Units</u>	
					
	. —				
			ATER, RCRA REMEDIA EDIAL ACTIVITY WAS	ATION/CORRECTIVE ACTION TEWATER:	
F.12	Remed	liation Waste. Does the to	eatment works currently (or h	as it been notified that it will) receive w	raste from remedial activities?
	☐ Yes	s (complete F.13 through F.1	5.) 🔲 No		•
F.13		Origin. Describe the site a e in the next five years).	nd type of facility at which the	CERCLA/RCRA/or other remedial wa	ste originates (or is excepted to
		- Marine I			
F.14		ants. List the hazardous cor (Attach additional sheets if r	•	r are expected to be received). Include	e data on volume and concentration, if
F.15	Waste	Treatment.			
	a.	Is this waste treated (or wi	ll be treated) prior to entering	the treatment works?	
		Yes No			
		If yes, describe the treatme	ent (provide information about	the removal efficiency):	
	b.	Is the discharge (or will the	e discharge be) continuous or	intermittent?	
		Continuous	Intermittent	If intermittent, describe discharge	schedule.
	· · · · · · · · · · · · · · · · · · ·		END OF	PART F	

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE
EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

FACILI	TY NAME	AND PERMIT NUME	BER:						
	7	Town of Marior	n VA 0086304	Form Approved 1/14/9 OMB Number 2040-008					
SUP	PLEME	NTAL APPLICA	ATION INFORMATION						
PART	G. CO	MBINED SEWER	RSYSTEMS						
If the t	reatment v	works has a combin	ed sewer system, complete Part G.						
G.1.	Syster	System Map. Provide a map indicating the following: (may be included with Basic Application Information)							
	a.	a. All CSO discharge points.							
	b.	Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).							
	C.	Waters that support threatened and endangered species potentially affected by CSOs.							
G.2.	System Diagram. Provide a diagram, either in the map provided in G.1 or on a separate drawing, of the combined sewer collection system that includes the following information.								
	a.	Location of major sewer trunk lines, both combined and separate sanitary.							
	b.	Locations of points where separate sanitary sewers feed into the combined sewer system.							
	C.	Locations of in-line and off-line storage structures.							
	d.	Locations of flow-regulating devices.							
	е.	Locations of pump stations.							
CSO (DUTFAL	LS:							
Comple	ete questi	ons G.3 through G.6	once for each CSO discharge poir	<u>t</u>					
G.3	Descri	iption of Outfall.							
	a.	Outfall number							
	b.	Location							
			(city or town, if applicable)	(Zip Code)					
			(County)	(State)					
			(Latitude)	(Longitude)					
	C.	Distance from shor	re (if applicable)	ft.					
	ď.	Depth below surface	ce (if applicable)	ft.					
	e.	Which of the follow	ring were monitored during the last ye	ar for this CSO?					
	,	Rainfall	CSO pollut	ant concentrations CSO frequency					
		CSO flow volu	me Receiving	vater quality					
	f.	How many storm events were monitored during the last year?							
G.4.	CSO E	vents.							
	a. Give the number of CSO events in the last year.								
		events (actual or approx.)							

Give the average duration per CSO event.

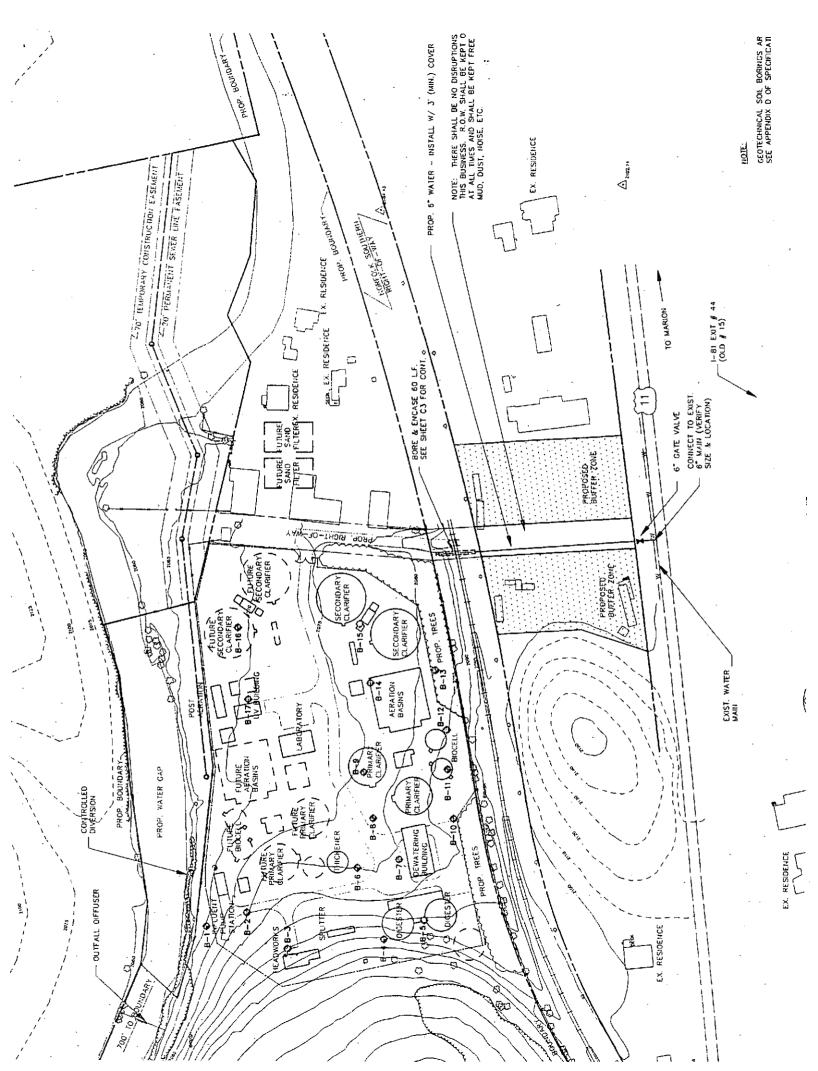
hours (actual or approx.)

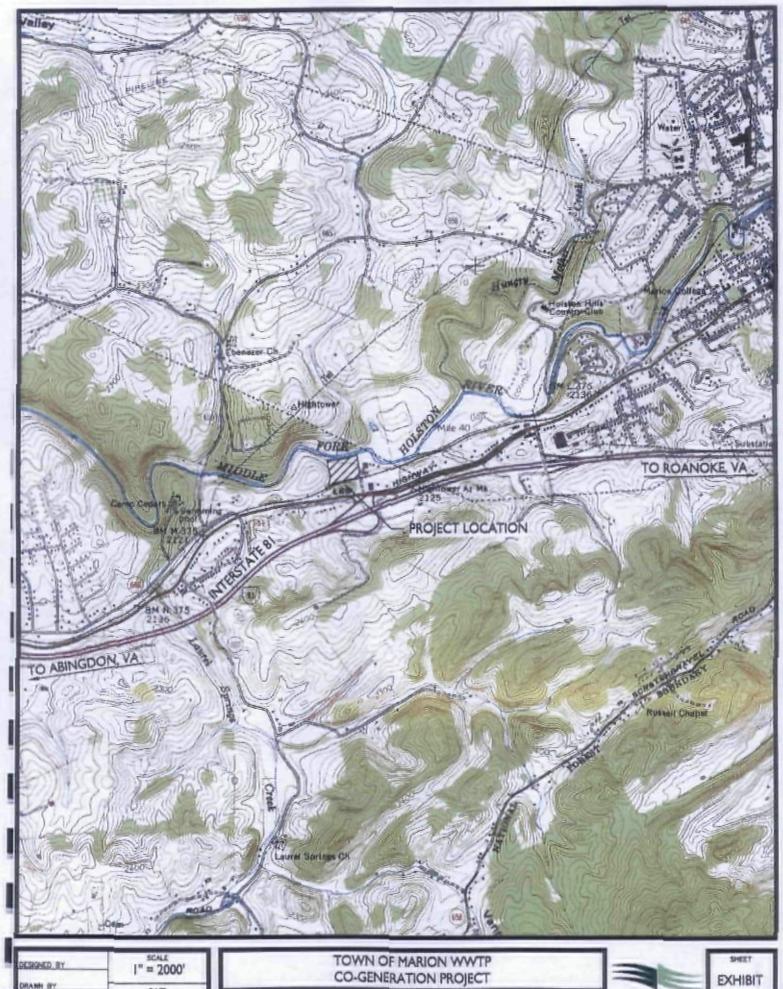
b.

	Town of Marion VA 0086304	Farm Approved 1/14/9: OMB Number 2040-008:						
C.	Give the average volume per CSO event.							
	million gallons (actual or approx	L-)						
ď.	Give the minimum rainfall that caused a CSO event in the	ne last year						
	Inches of rainfall							
Desc	cription of Receiving Waters.							
a.	Name of receiving water:							
b.	b. Name of watershed/river/stream system:							
United State Soil Conservation Service 14-digit watershed code (if known):								
c. Name of State Management/River Basin:								
United States Geological Survey 8-digit hydrologic cataloging unit code (if known):								
CSO Operations.								
Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).								
_								
ER T	TO THE APPLICATION OVERVIEW TO	DETERMINE WHICH OTHER PARTS OF FORM						
	d. Desc a. b. c. CSO Desc perm qualit	million gallons [actual or approx d. Give the minimum rainfall that caused a CSO event in the Inches of rainfall Description of Receiving Waters. a. Name of receiving water: b. Name of watershed/river/stream system: United State Soil Conservation Service 14-digit watershed. c. Name of State Management/River Basin: United States Geological Survey 8-digit hydrologic catal. CSO Operations. Describe any known water quality impacts on the receiving water opermanent or intermittent shell fish bed closings, fish kills, fish adviguality standard). END OF						

Additional information, if provided, will appear on the following pages.

NPDES FORM 2A Additional Information





DECEMBER 2010 10812-00

LOCATION MAP





JAN 05 2011

DEO-SWRO

Consulting Engineers and Applied Scientists

October 15, 2009

Mr. Donald Coley Superintendent Town of Marion Wastewater Treatment Plant 515 Church Street Marion, VA 24354

Re:

Chemical Analysis Results; Permit Number: VA0086304;

Olver Project Number: 61024

Dear Mr. Coley:

Enclosed is laboratory analysis report (9249646) that depicts the results of the analysis of the wastewater samples collected on July 28, 2009 from the Town of Marion Wastewater Treatment Plant. Also enclosed is the chain-of-custody documentation that accompanied the samples. These analyses were performed by Pace Analytical Services, Inc. with the analysis of tributyltin subcontracted to Data Analysis Technologies, Inc.

Also enclosed is laboratory analysis report (9254140) that depicts the results of the analysis of a wastewater sample collected on September 29, 2009. This sample was re-analyzed for follow-up cyanide and total xylenes due to an expired holding time and the incorrect analysis method for xylenes performed on the first sample. The analysis of cyanide and total xylenes was also performed by Pace Analytical Services, Inc.; the chain-of-custody documentation is also enclosed.

If you should have any questions concerning this report or if you need any additional information, please do not hesitate to contact me.

Sincerely,

OLVER INCORPORATED

R. Lawrence Hoffman

Director of Environmental Services

RLH/mlc

Enclosures

Amy Alexander, Olver Incorporated (w/o enclosures) cc:

Blacksburg, VA

Charlotte, NC

Richmond, VA

Cary, NC

Phone: (540) 552-5548



Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

August 14, 2009

Mr. Robert Henika Olver Inc 1116 South Main Street Blacksburg, VA 24060

RE: Project: TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

Dear Mr. Henika:

Enclosed are the analytical results for sample(s) received by the laboratory on July 29, 2009. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Inorganic Wet Chemistry and Metals analyses were performed at our Pace Asheville laboratory and Organic testing was performed at our Pace Huntersville laboratory unless otherwise footnoted. All Microbiological analyses were performed at the laboratory where the samples were received.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Brandon Helton for Kevin Herring kevin.herring@pacelabs.com Project Manager

Brandow Harris

Enclosures

cc: Ms. Sandra Warner, Olver, Inc.



Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

CERTIFICATIONS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

Pennsylvania Certification IDs

Alabama Certification #: 41590 Arizona Certification #: AZ0734

Arkansas Certification

California/NELAC Certification #: 04222CA

Colorado Certification

Connecticut Certification #: PH 0694

Delaware Certification

Florida/NELAC Certification #: E87683

Georgia Certification #: 968 Guam/PADEP Certification Hawaii/PADEP Certification

Idaho Certification

Illinois/PADEP Certification Indiana/PADEP Certification

Iowa Certification #: 391

Kansas/NELAC Certification #: E-10358

Kentucky Certification #: 90133

Louisiana/NELAC Certification #: 4086 Louisiana/NELAC Certification #: LA080002

Maine Certification #: PA0091 Maryland Certification #: 308

Massachusetts Certification #: M-PA1457 Michigan/PADEP Certification

Minnesota Certification #: 042-999-425 Missouri Certification #: 235 Montana Certification #: Cert 0082

Nevada Certification

New Hampshire/NELAC Certification #: 2976

New Jersey/NELAC Certification #: PA 051

New Mexico Certification

New York/NELAC Certification #: 10888 North Carolina Certification #: 42706

Oregon/NELAC Certification #: PA200002
Pennsylvania VELIC Certification #: 65-282
Puerto Rica Certification #: PA01457

South Dakota Certification

Tennessee Certification #: TN2867

Texas/NELAC Certification #: T104704188-09 TX

Utah/NELAC Certification #: ANTE Virgin Island/PADEP Certification Virginia Certification #: 00112

Washington Certification #: C1941 West Virginia Certification #: 143 Wisconsin/PADEP Certification

Wyoming Certification #: 8TMS-Q

Indiana Certification IDs

Kansas Certification #: E-10247 Indiana Certification #: C-49-06

Illinois/NELAC Certification #: 100418

West Virginia Certification #: 330

Pennsylvania: 68-00791

Ohio VAP: CL0065

Kentucky Certification #: 0042

Charlotte Certification IDs

North Carolina Wastewater Certification #: 12

Pennsylvania Certification #: 68-00784

South Carolina Certification #: 990060001

North Carolina Field Services Certification #: 5342 North Carolina Drinking Water Certification #: 37706

New Jersey Certification #: NC012 Louisiana/LELAP Certification #: 04034

Kentucky UST Certification #: 84

Florida/NELAP Certification #: E87627

Connecticut Certification #: PH-0104 South Carolina Drinking Water Cert. #: 990060003

West Virginia Certification #: 357

Virginia Čertification #: 00213

Tennessee Certification #: 04010

Asheville Certification IDs

Connecticut Certification #: PH-0106

Florida/NELAP Certification #: E87648

Louisiana/LELAP Certification #: 03095 Massachusetts Certification #: M-NC030

New Jersey Certification #: NC011

North Carolina Bioassay Certification #: 9

West Virginia Certification #: 356

North Carolina Wastewater Certification #: 40

Pennsylvania Certification #: 68-03578

South Carolina Bioassay Certification #: 99030002

Virginia Certification #: 00072 Tennessee Certification #: 2980

South Carolina Certification #: 99030001

North Carolina Drinking Water Certification #: 37712





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

SAMPLE SUMMARY

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

Lab ID	Sample ID	Matrix	Date Collected	Date Received
9249646001	OUTFALL 001 GRAB	Water	07/28/09 08:10	07/29/09 08:15
9249646002	OUTFALL 001 COMP	Water	07/28/09 08:30	07/29/09 08:15





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

SAMPLE ANALYTE COUNT

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
9249646001	OUTFALL 001 GRAB	EPA 6010	SHB	11	PASI-A
		EPA 608	JEM	27	PASI-C
		EPA 624	MCK	35	PASI-C
		EPA 625	BET	58	PASI-C
		EPA 7470	SAJ	1	PASI-A
		EPA 8081	JEM	4	PASI-C
		EPA 8260	MCK	6	PASI-C
		EPA 8270	BET	8	PASI-C
		EPA 900.0m	RMD	2	PASI-PA
		EPA 901.1m	TTF	15	PASI-PA
		EPA 905.0	MBT	1	PASI-PA
		EPA 906.0	JAL	1	PASI-PA
		SM 4500-CN-E	DMN	1	PASI-A
9249646002	OUTFALL 001 COMP	EPA 120.1	1LP	1	PASI-I
		SM 4500-CI-E	LEP	1	PASI-A
		SM 4500-S F	DDM	1	PASI-I
		SM 4500-S2-D	ILP	1	PASI-I





Pace Analytical Services, Inc. 2225 Riverside Dr. Asheville, NC 28804

(828)254-7176

Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

ANALYTICAL RESULTS

Project:

TOWN OF MARION WWTP 61024

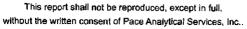
Pace Project No.: 9249646

Sample: OUTFALL 001 GRAB	Lab ID: 9249646001	Collected	d: 07/28/09	08:10	Received: 07/	29/09 08:15 M	atrix: Water	
		Report						
Parameters	Results Units	Limit	MDL _	DF	Prepared	Analyzed	CAS No.	Qua
08 GCS Pesticides and PCBs	Analytical Method: EPA	308 Prepara	ition Method	EPA 3	3535			
Aldrin	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27	309-00-2	
alpha-BHC	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27	319-84-6	
eta-BHC	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27	319-85-7	
lelta-BHC	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27	319-86-8	
jamma-BHC (Lindane)	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27	58-89-9	
Chlordane (Technical)	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27	57-74-9	
,4'-DDD	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
,4'-DDE	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
,4'-DDT	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
Dieldrin	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27	60-57-1	
indosulfan I	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
indosulfan II	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
indosulfan sulfate	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
indrin	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
indrin aldehyde	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
leptachlor	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
leptachlor epoxide	ND ug/L	0.050	0.050	1	08/04/09 11:00	08/11/09 10:27		
CB-1016 (Aroclor 1016)	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27		
CB-1221 (Aroclor 1221)	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27		
PCB-1232 (Aroclor 1232)	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27		
CB-1242 (Aroclor 1242)	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27		
PCB-1248 (Aroclor 1248)	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27		
CB-1254 (Aroclor 1254)	ND ug/L	0.50	0.50	1	08/04/09 11:00			
CB-1260 (Aroclor 1260)	ND ug/L	0.50	0.50	1		08/11/09 10:27		
oxaphene	ND ug/L	0.50	0.50	1	08/04/09 11:00	08/11/09 10:27		
etrachloro-m-xylene (S)	51 %		0.50	1	08/04/09 11:00	08/11/09 10:27		
	65 %	20-110			08/04/09 11:00	08/11/09 10:27		
Decachlorobiphenyl (S)		20-138		1	08/04/09 11:00	08/11/09 10:27	2051-24-3	
081 Organochlorine Pesticides	Analytical Method: EPA 8	3081 Prepar	ation Method	S: EPA	3535			
Methoxychlor	ND ug/L	0.50	0.50	1	08/04/09 12:30	08/07/09 05:27	72-43-5	
firex	ND ug/L	0.50	0.50	1	08/04/09 12:30	08/07/09 05:27	2385-85-5	
etrachloro-m-xylene (S)	36 %	20-110		1	08/04/09 12:30	08/07/09 05:27	877-09-8	
ecachlorobiphenyl (S)	32 %	20-138		1	08/04/09 12:30	08/07/09 05:27	2051-24-3	
010 MET ICP, Dissolved	Analytical Method: EPA 6	010 Prepar	ation Method	I: EPA	3010			
ntimony, Dissolved	ND ug/L	5.0	2.6	1	07/30/09 14:30	08/01/09 19:49	7440-36-0	
rsenic, Dissolved	ND ug/L	5.0	2.7	1	07/30/09 14:30	08/01/09 19:49		
admium, Dissolved	ND ug/L	1.0	0.50	1	07/30/09 14:30	08/01/09 19:49	7440-43-9	
hromium, Dissolved	ND ug/L	5.0	0.40	1	07/30/09 14:30			
opper, Dissolved	ND ug/L	5.0	0.30		07/30/09 14:30			
ead, Dissolved	ND ug/L	5.0	4.0	1	07/30/09 14:30	08/01/09 19:49		
lickel, Dissolved	ND ug/L	5.0	1.7	1	07/30/09 14:30	08/01/09 19:49		
elenium, Dissolved	ND ug/L	10.0	3.8		07/30/09 14:30	08/01/09 19:49		
ilver, Dissolved	ND ug/L	5.0	0.10		07/30/09 14:30	08/01/09 19:49		
hallium, Dissolved	ND ug/L	10.0	3.0		07/30/09 14:30	08/01/09 19:49		
inc, Dissolved	30.8 ug/L	10.0	0.40		07/30/09 14:30	08/03/09 12:58		

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

Page 5 of 34







Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

ANALYTICAL RESULTS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

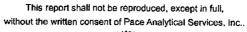
9249646

Sample: OUTFALL 001 GRAB	Lab ID:	9249646001	Collected	: 07/28/09	9 08:10	Received: 07/	29/09 08:15 M	atrix: Water	
	- "		Report	Land	5.5			0.0.4	
Parameters	Results	Units	Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
7470 Mercury, Lab Filtered	Analytical	Method: EPA	7470 Prepar	ation Meth	od: EPA	7470			
Mercury, Dissolved	ND u	g/L	0.20	0.090	1	07/31/09 11:03	08/05/09 10:57	7439-97-6	
625 MSSV	Analytical	Method: EPA	625 Prepara	tion Metho	d: EPA 6	325			
Acenaphthene	ND u		5.4	3.0	1	08/04/09 13:00	08/08/09 09:21	83-32-9	
Acenaphthylene	ND u	g/L	5.4	3.0	1	08/04/09 13:00	08/08/09 09:21	208-96-8	
Anthracene	ND u	g/L	5.4	3.1	1	08/04/09 13:00	08/08/09 09:21	120-12-7	
Benzo(a)anthracene	ND u	-	5.4	3.0	1	08/04/09 13:00	08/08/09 09:21	56-55-3	
Benzo(a)pyrene	ND u	-	5.4	3.3	1	08/04/09 13:00	08/08/09 09:21	50-32-8	
Benzo(b)fluoranthene	ND u	g/L	5.4	3.9	1	08/04/09 13:00	08/08/09 09:21	205-99-2	
Benzo(g,h,i)perylene	ND u	g/L	5.4	3.3	1	08/04/09 13:00	08/08/09 09:21	191-24-2	
Benzo(k)fluoranthene	ND u	g/L	5.4	3.2	1	08/04/09 13:00	08/08/09 09:21	207-08-9	
4-Bromophenylphenyl ether	ND u	g/L	5.4	2.6	1	08/04/09 13:00	08/08/09 09:21	101-55-3	
Butylbenzylphthalate	ND u	g/L	5.4	3.1	1	08/04/09 13:00	08/08/09 09:21	85-68-7	
4-Chloro-3-methylphenol	ND u	g/L	5.4	3.0	1	08/04/09 13:00	08/08/09 09:21	59-50-7	
bis(2-Chloroethoxy)methane	ND u	g/L	10.8	6.2	1	08/04/09 13:00	08/08/09 09:21	111-91-1	
bis(2-Chloroethyl) ether	ND u	g/L	5.4	5.2	1	08/04/09 13:00	08/08/09 09:21	111-44-4	
bis(2-Chloroisopropyl) ether	. ND uş	g/L	5.4	4.3	1	08/04/09 13:00	08/08/09 09:21	108-60-1	
2-Chloronaphthalene	ND uş	g/L	5.4	3.9	1	08/04/09 13:00	08/08/09 09:21	91-58-7	
2-Chlorophenol	ND ug	g/L	5.4	4.7	1	08/04/09 13:00	08/08/09 09:21	95-57-8	
4-Chlorophenylphenyl ether	ND us	g/L	5.4	2.9	1	08/04/09 13:00	08/08/09 09:21	7005-72-3	
Chrysene	ND uş	g/L	5.4	2.9	1	08/04/09 13:00	08/08/09 09:21	218-01-9	
Dibenz(a,h)anthracene	ND uş	g/L	5.4	3.1	1	08/04/09 13:00	08/08/09 09:21	53-70-3	
3,3'-Dichlorobenzidine	ND ug	g/L	5.4	3.7	1	08/04/09 13:00	08/08/09 09:21	91-94-1	
2,4-Dichlorophenol	ND ug	g/L	5.4	4.4	1	08/04/09 13:00	08/08/09 09:21	120-83-2	
Diethylphthalate	ND uş	9/L	5.4	2.9	1	08/04/09 13:00	08/08/09 09:21	84-66-2	
2,4-Dimethylphenol	ND uç	g/L	10.8	6.0	1	08/04/09 13:00	08/08/09 09:21	105-67-9	
Dimethylphthalate	ND ug	g/L	5.4	2.6	1	08/04/09 13:00	08/08/09 09:21	131-11-3	
Di-n-butylphthalate	ND ug	g/L	5.4	3.1	1	08/04/09 13:00	08/08/09 09:21	84-74-2	
4,6-Dinitro-2-methylphenol	ND ug	g/L	21.5	8.4	1	08/04/09 13:00	08/08/09 09:21	534-52-1	
2,4-Dinitrophenol	ND uç	g/L	53.8	10.8	1	08/04/09 13:00	08/08/09 09:21	51-28-5	
2,4-Dinitrotoluene	ND ug	g/L	5.4	2.8	1	08/04/09 13:00	08/08/09 09:21	121-14-2	
2,6-Dinitrotoluene	ND ug	g/L	5.4	3.0	1	08/04/09 13:00	08/08/09 09:21	606-20-2	
Di-n-octylphthalate	ND ug	g/L	5.4	3.1	1	08/04/09 13:00	08/08/09 09:21	117-84-0	
bis(2-Ethylhexyl)phthalate	ND ug	g/L	5.4	2.3	1	08/04/09 13:00	08/08/09 09:21	117-81-7	
Fluoranthene	ND ug	g/L	5.4	3.1	1	08/04/09 13:00	08/08/09 09:21	206-44-0	
Fluorene	ND uç	g/L	5.4	2.8	1	08/04/09 13:00	08/08/09 09:21	86-73-7	
Hexachloro-1,3-butadiene	ND ug	g/L	5.4	3.5	1	08/04/09 13:00	08/08/09 09:21		
Hexachlorobenzene	ND ug	g/L	5.4	2.8	1	08/04/09 13:00	08/08/09 09:21		
Hexachlorocyclopentadiene	ND ug	g/L	10.8	4.0	1	08/04/09 13:00	08/08/09 09:21		
Hexachloroethane	ND ug		5.4	3.5	1	08/04/09 13:00	08/08/09 09:21		
Indeno(1,2,3-cd)pyrene	ND ug	g/L	5.4	3.2		08/04/09 13:00	08/08/09 09:21		
Isophorone	ND ug		10.8	7.0		08/04/09 13:00	08/08/09 09:21		
Naphthalene	ND ug	f .	5.4	4.1			08/08/09 09:21		
Nitrobenzene	ND ug	-	5.4	4.7		08/04/09 13:00	08/08/09 09:21		
2-Nitrophenol	ND ug	•	5.4	4.9		08/04/09 13:00	08/08/09 09:21		
4-Nitrophenot	ND ug		53.8	2.2		08/04/09 13:00	08/08/09 09:21		

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

Page 6 of 34







Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

ANALYTICAL RESULTS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

Sample: OUTFALL 001 GRAB	Lab ID: 9249646001	Collecter	d: 07/28/09	08:10	Received: 07/	29/09 08:15 M	atrix: Water	
	D 11.	Report					0.10	_
Parameters	Results Units	Limit	MDL .	DF	Prepared	Analyzed	CAS No.	Qua
625 MSSV	Analytical Method: EPA	625 Prepara	ition Metho	d: EPA	625			
N-Nitrosodimethylamine	ND ug/L	5.4	3.3	1	08/04/09 13:00	08/08/09 09:21	62-75-9	
N-Nitroso-di-n-propylamine	ND ug/L	5.4	4.0	1	08/04/09 13:00	08/08/09 09:21	621-64-7	
N-Nitrosodiphenylamine	ND ug/L	10.8	7.1	1	08/04/09 13:00	08/08/09 09:21	86-30-6	
Pentachlorophenol	ND ug/L	26.9	1.7	1	08/04/09 13:00	08/08/09 09:21	87-86-5	
Phenanthrene	ND ug/L	5.4	2.9	1	08/04/09 13:00	08/08/09 09:21	85-01-8	
Phenol	ND ug/L	5.4	1.9	1	08/04/09 13:00	08/08/09 09:21	108-95-2	
Pyrene	ND ug/L	5.4	3.1	1⋅	08/04/09 13:00	08/08/09 09:21	129-00-0	
1,2,4-Trichlorobenzene	ND ug/L	5.4	3.7	1	08/04/09 13:00	08/08/09 09:21	120-82-1	
2,4,6-Trichlorophenol	ND ug/L	10.8	6.6	1		08/08/09 09:21		
Nitrobenzene-d5 (S)	50 %	10-120		1	08/04/09 13:00			
2-Fluorobiphenyl (S)	51 %	15-120		1	08/04/09 13:00			
Terphenyl-d14 (S)	52 %	11-131		1	08/04/09 13:00			
Phenol-d6 (S)	22: %	10-120		1	08/04/09 13:00			
2-Fluorophenol (S)	28 %	10-120		1	08/04/09 13:00	08/08/09 09:21		
2,4,6-Tribromophenol (S)	28 %	10-137		1	08/04/09 13:00			
, , , , , , , , , , , , , , , , , , , ,			atian blath	-		00/00/03 03.21	110-73-0	
3270 MSSV Semivolatile Organic	Analytical Method: EPA	·						
1,2-Diphenylhydrazine	ND ug/L	10.6	2.3	1	08/04/09 13:00	08/07/09 22:11		
Kepone	ND ug/L	53.2	9.3	1	08/04/09 13:00	08/07/09 22:11	143-50-0	
Nitrobenzene-d5 (S)	56 %	30-150		1	08/04/09 13:00	08/07/09 22:11		
2-Fluorobiphenyl (S)	53 %	30-150		1	08/04/09 13:00	08/07/09 22:11	321-60-8	
Terphenyl-d14 (S)	56 %	30-150		1	08/04/09 13:00	08/07/09 22:11	1718-51 - 0	
Phenol-d6 (S)	25 %	25-150		1	08/04/09 13:00	08/07/09 22:11	13127-88-3	
2-Fluorophenol (S)	25 %	25-150		1	08/04/09 13:00	08/07/09 22:11	367-12-4	
2,4,6-Tribromophenol (S)	34 %	25-150		1	08/04/09 13:00	08/07/09 22:11	118-79-6	
624 Volatile Organics	Analytical Method: EPA	624						
Benzene	ND ug/L	5.0	1.2	1		08/09/09 10:37	71-43-2	
Bromodichloromethane	ND ug/L	5.0	2.3	1		08/09/09 10:37	75-27-4	
Bromoform	, ND ug/L	5.0	3.3	1		08/09/09 10:37	75-25-2	
Bromomethane	ND ug/L	10.0	7.2	1		08/09/09 10:37	74-83-9	
Carbon tetrachloride	ND ug/L	5.0	2.7	1		08/09/09 10:37	56-23-5	
Chlorobenzene	ND ug/L	5.0	1.0	1		08/09/09 10:37	108-90-7	
Chloroethane	ND ug/L	10.0	6.5	1		08/09/09 10:37	75-00-3	
Chloroform	ND ug/L	5.0	2.0	1		08/09/09 10:37		
Chloromethane	ND ug/L	5.0	1.8	1		08/09/09 10:37		
Dibromochloromethane	ND ug/L	5.0	1.5	1		08/09/09 10:37		
1,2-Dichlorobenzene	ND ug/L	5.0	1.4	1		08/09/09 10:37		
1,3-Dichlorobenzene	ND ug/L	5.0	0.93	1		08/09/09 10:37		
1,4-Dichlorobenzene	ND ug/L	5.0	1.2	1		08/09/09 10:37		
1,1-Dichloroethane	ND ug/L	5.0	2.4	1		08/09/09 10:37		
1,2-Dichloroethane	ND ug/L	5.0	1.3	1		08/09/09 10:37		
1,1-Dichloroethene	ND ug/L	5.0	3.4	1				
cis-1,2-Dichloroethene	•					08/09/09 10:37		
•	ND ug/L	5.0 5.0	4.4	1		08/09/09 10:37		
trans-1,2-Dichloroethene	ND ug/L	5.0	4.4	1		08/09/09 10:37		
1,2-Dichloropropane	ND ug/L	5.0	2.1	1		08/09/09 10:37	/8-87-5	

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REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

Sample: OUTFALL 001 GRAB	Lab ID:	9249646001	Collected	1: 07/28/09	08:10	Received: 07	7/29/09 08:15 Ma	atrix: Water	
			Report						
Parameters	Results	Units	Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
624 Volatile Organics	Analytical	Method: EPA	624						
cis-1,3-Dichloropropene	ND u	g/L	5.0	1.7	1		08/09/09 10:37	10061-01-5	
trans-1,3-Dichloropropene	ND u	g/L	5.0	1.8	1		08/09/09 10:37	10061-02-6	
Ethylbenzene	ND u	g/L	5.0	1.1	1		08/09/09 10:37	100-41-4	
Methylene Chloride	ND u	g/L	5.0	1.9	1		08/09/09 10:37	75-09-2	
1,1,2,2-Tetrachloroethane	ND u	g/L	5.0	3.3	1		08/09/09 10:37	7 9- 34-5	
Tetrachloroethene	ND u	g/L	5.0	1.9	1		08/09/09 10:37	127-18-4	
Toluene	ND u	g/L	5.0	1.8	1		08/09/09 10:37	108-88-3	
1,1,1-Trichloroethane	ND u	g/L	5.0	1.6	1		08/09/09 10:37	71 - 55-6	
1,1,2-Trichloroethane	ND u	g/L	5.0	3.2	1		08/09/09 10:37	79-00-5	
Trichloroethene	ND u	g/L	5.0	1.0	1		08/09/09 10:37	79-01-6	
Trichlorofluoromethane	ND u	g/L	10.0	5.1	1		08/09/09 10:37	75-69-4	
Vinyl chloride	ND u	g/L	5.0	1.9	1		08/09/09 10:37	75-01-4	
Dibromofluoromethane (S)	101 %	-	88-113		1		08/09/09 10:37	1868-53-7	
4-Bromofluorobenzene (S)	98 %	, D	86-111		1		08/09/09 10:37	460-00-4	
Toluene-d8 (S)	103 %	, D	92-105		1		08/09/09 10:37	2037-26-5	
1,2-Dichloroethane-d4 (S)	101 %		70-130		1		08/09/09 10:37		
8260 MSV Low Level	Analytical	Method: EPA	8260						
m&p-Xylene	ND u	g/L	2.0	0.66	1		08/12/09 09:10	1330-20-7	H1,HS
o-Xylene	ND u	g/L	1.0	0.23	1		08/12/09 09:10	95-47-6	·
4-Bromofluorobenzene (S)	101 %	, 1	87-109		1		08/12/09 09:10	460-00-4	
Dibromofluoromethane (S)	101 %	5	85-115		1		08/12/09 09:10	1868-53-7	
1,2-Dichloroethane-d4 (S)	96 %	5	79-120		1		08/12/09 09:10	17060-07-0	
Toluene-d8 (S)	100 %	5	70-120		1		08/12/09 09:10	2037-26-5	
4500CNE Cyanide, Total	Analytical	Method: SM 4	1500-CN-E						
Cyanide	ND m	ıg/L	0.0050	0.0050	1		08/12/09 10:39	57-12-5	H1





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

ANALYTICAL RESULTS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

Sample: OUTFALL 001 COMP	Lab ID:	9249646002	Collected	1: 07/28/09	08:30	Received: 07	7/29/09 08:15 Ma	atrix: Water	
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
120.1 Specific Conductance	Analytica	l Method: EPA	120.1						
Specific Conductance	367 (ımhos/cm	1.0		1		08/07/09 09:19		
4500S2D Sulfide Water	Analytica	l Method: SM 4	500-S2-D						
Sulfide	ND r	mg/L	0.10	0.0071	1		07/31/09 13:32		
SM4500S-F Hydrogen Sulfide	Analytica	l Method: SM 4	500-S F						
Hydrogen Sulfide	ND r	mg/L	0.10	0.050	1		07/31/09 14:04	7783-06-4	
4500 Chloride	Analytica	l Method: SM 4	500-CI-E						
Chloride	39.4 r	ng/L	5.0	5.0	1		08/12/09 12:12	16887-00-6	M0

Date: 08/14/2009 11:36 AM





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

OEXT/7593

Analysis Method:

EPA 625

QC Batch Method: E

EPA 625

Analysis Description:

625 MSS

Associated Lab Samples:

9249646001

METHOD BLANK: 317404

Matrix: Water

ND

Associated Lab Samples:

1,2,4-Trichlorobenzene

2,4,6-Trichlorophenol 2,4-Dichlorophenol

2,4-Dimethylphenol 2,4-Dinitrophenol

2,4-Dinitrotoluene 2,6-Dinitrotoluene

2-Chlorophenol

2-Nitrophenol

4-Nitrophenol

Acenaphthene

Anthracene

Acenaphthylene

Benzo(a)pyrene

Benzo(a)anthracene

Benzo(b)fluoranthene

Benzo(g,h,i)perylene

Benzo(k)fluoranthene

bis(2-Chloroethyl) ether

bis(2-Chloroethoxy)methane

bis(2-Chloroisopropyl) ether

bis(2-Ethylhexyl)phthalate

Butylbenzylphthalate

Di-n-butylphthalate

Di-n-octylphthalate

Diethylphthalate

Fluoranthene

Fluorene

Dimethylphthalate

Hexachlorobenzene

Hexachloroethane

Isophorone

Indeno(1,2,3-cd)pyrene

Dibenz(a,h)anthracene

Hexachloro-1,3-butadiene

Hexachlorocyclopentadiene

Chrysene

2-Chloronaphthalene

3,3'-Dichlorobenzidine

4,6-Dinitro-2-methylphenol

4-Bromophenylphenyl ether

4-Chiorophenylphenyl ether

4-Chloro-3-methylphenol

Parameter

9249646001

Units

ug/L ug/L

ug/L ug/L

ug/L ug/L

ug/L

ug/L

ug/L

ua/L

ug/L

Blank	Reporting		
Result	Limit	Analyzed	Qualifiers
ND	5.0	08/07/09 20:05	
ND	10.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	10.0	08/07/09 20:05	
ND	50.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	20.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	50.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ПN	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	
ND	5.0	08/07/09 20:05	

5.0

5.0

5.0

5.0

5.0

5.0

5.0

5.0

10.0

5.0

5.0

10.0

08/07/09 20:05

08/07/09 20:05

10.0 08/07/09 20:05

5.0 08/07/09 20:05

5.0 08/07/09 20:05

5.0 08/07/09 20:05

08/07/09 20:05

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08/07/09 20:05

08/07/09 20:05

08/07/09 20:05

5.0 08/07/09 20:05

5.0 08/07/09 20:05

5.0 08/07/09 20:05

5.0 08/07/09 20:05

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

METHOD BLANK: 317404

Matrix: Water

Associated Lab Samples: 9249646001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
N-Nitroso-di-n-propylamine	ug/L	ND	5.0	08/07/09 20:05	
N-Nitrosodimethylamine	ug/L	ND	5.0	08/07/09 20:05	
N-Nitrosodiphenylamine	ug/L	ND	10.0	08/07/09 20:05	
Naphthalene	ug/L	ND	5.0	08/07/09 20:05	
Nitrobenzene	ug/L	ND	5.0	08/07/09 20:05	
Pentachlorophenol	ug/L	ND	25.0	08/07/09 20:05	
Phenanthrene	ug/L	П	5.0	08/07/09 20:05	
Phenol	ug/L	ND	5.0	08/07/09 20:05	
Pyrene	ug/L	ND	5.0	08/07/09 20:05	
2,4,6-Tribromophenol (S)	%	35	10-137	08/07/09 20:05	
2-Fluorobiphenyl (S)	%	56	15-120	08/07/09 20:05	
2-Fluorophenol (S)	%	26	10-120	08/07/09 20:05	
Nitrobenzene-d5 (S)	%	56	10-120	08/07/09 20:05	
Phenol-d6 (S)	%	24	10-120	08/07/09 20:05	
Terphenyl-d14 (S)	%	52	11-131	08/07/09 20:05	

LABORATORY CONTROL SAMP	LE: 317405		- <u>-</u> -			
Parameter	Units ·	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,2,4-Trichlorobenzene	ug/L	50	28.8	58	44-142	
2,4,6-Trichlorophenol	ug/L	50	26.8	54	37-144	
2,4-Dichlorophenol	ug/L	50	26.2	52	1-191	
2,4-Dimethylphenol	ug/L	50	26.3	53	32-119	
2,4-Dinitrophenol	ug/L	50	29J	58	1-181	
2,4-Dinitrotoluene	ug/L	50	25.4	51	39-139	
2,6-Dinitrotoluene	ug/L	50	25.1	50	50-158	
2-Chloronaphthalene	ug/L	50	30.6	61	60-118	
2-Chlorophenol	ug/L	50	25.0	50	23-134	
2-Nitrophenol	ug/L	50	26.6	53	29-182	
3,3'-Dichlorobenzidine	ug/L	50	45.1	90	1-262	
4,6-Dinitro-2-methylphenol	ug/L	50	26.1	52	1-181	
4-Bromophenylphenyl ether	ug/L	50	29.0	58	53-127	
4-Chloro-3-methylphenol	ug/L	50	29.4	59	22-147	
4-Chlorophenylphenyl ether	ug/L	50	30.1	60	25-158	
4-Nitrophenol	ug/L	50	39.6J	79	1-132	
Acenaphthene	ug/L	50	25.1	50	47-145	
Acenaphthylene	ug/L	50	20.7	41	33-145	
Anthracene	ug/L	50	26.6	53	1-166	
Benzo(a)anthracene	ug/L	50	49.4	99	33-143	
Benzo(a)pyrene	ug/L	50	29.6	59	17-163	
Benzo(b)fluoranthene	ug/L	50	44.1	88	24-159	
Benzo(g,h,i)perylene	ug/L	50	30.7	61	1-219	
Benzo(k)fluoranthene	ug/L	50	44.6	89	11-162	
bis(2-Chloroethoxy)methane	ug/L	50	29.8	60	33-184	
ois(2-Chloroethyl) ether	ug/L	50	29.0	58	12-158	

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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

LABORATORY CONTROL SAMPLE:	317405	Spike	LCS	LCS	% Rec	
Parameter	Units	Conc.	Result	% Rec	Limits	Qualifiers
bis(2-Chloroisopropyl) ether	ug/L	50	27.1	54	36-166	· <u> </u>
is(2-Ethylhexyl)phthalate	ug/L	50	30.3	61	8-158	
Butylbenzylphthalate	ug/L	50	30.2	60	1-152	
hrysene	ug/L	50	27.4	55	17-168	
i-n-butylphthalate	ug/L	50	30.5	61	1-118	
i-n-octylphthalate	u g/L	50	30.2	60	4-146	
ibenz(a,h)anthracene	ug/L	50	29.4	59	1-227	
iethylphthalate	ug/L	50	28.7	57	1-114	
imethylphthalate	ug/L	50	27.5	55	1-112	
luoranthene	ug/L	50	27.3	55	26-137	
uorene	ug/L	50	30.1	60	59-121	
exachloro-1,3-butadiene	ug/L	50	27.8	56	24-116	
exachlorobenzene	ug/L	50	24.1	48	1-152	
exachlorocyclopentadiene	ug/L	50	29.7	59	25-150	
exachloroethane	ug/L	50	23.9	48	40-113	
deno(1,2,3-cd)pyrene	ug/L	50	29.4	59	1-171	
phorone	ug/L	50	26.1	52	21-196	
Nitroso-di-n-propylamine	ug/L	50	32,4	65	1-230	
Nitrosodimethylamine	ug/L	50	28.9	58	25-150	
Nitrosodiphenylamine	ug/L	50	25.2	50	25-150	
aphthalen e	ug/L	50	32.9	66	21-133	
itrobenzene	ug/L	50	24.9	50	35-180	
entachlorophenol	ug/L	50	12.5J	25	14-176	
henanthrene	ug/L	50	28.1	56	54-120	
nenol	ug/L	50	9.5	19	5-112	
yrene	ug/L	50	26.1	52	52-115	
4,6-Tribromophenol (S)	%			35	10-137	
Fluorobiphenyl (S)	%			53	15-120	
Fluorophenol (S)	%			29	10-120	
robenzene-d5 (S)	%			94	10-120	
nenol-d6 (S)	%			26	10-120	
rphenyl-d14 (S)	%			51	11-131	

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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

MPRP/4837

Analysis Method:

EPA 6010

QC Batch Method:

LABORATORY CONTROL SAMPLE:

EPA 3010

Analysis Description:

6010 MET Filtered

Associated Lab Samples:

9249646001

METHOD BLANK: 315549 Associated Lab Samples: 9249646001

315550

Matrix: Water

		Blank	Reporting		
Parameter	Units	Result	Limit	Analyzed	Qualifiers
Antimony, Dissolved	ug/L	ND	5.0	08/01/09 19:07	
Arsenic, Dissolved	ug/L	ND	5.0	08/01/09 19:07	
Cadmium, Dissolved	ug/L	ND	1.0	08/01/09 19:07	
Chromium, Dissolved	ug/L	ИD	5.0	08/01/09 19:07	
Copper, Dissolved	ug/L	ND	5.0	08/01/09 19:07	
Lead, Dissolved	ug/L	ND	5.0	08/01/09 19:07	
Nickel, Dissolved	ug/L	ND	5.0	08/01/09 19:07	
Selenium, Dissolved	ug/L	ND	10.0	08/01/09 19:07	
Silver, Dissolved	ug/L	ND	5.0	08/01/09 19:07	
Thallium, Dissolved	ug/L	ND	10.0	08/01/09 19:07	
Zinc, Dissolved	ug/L	ND	10.0	08/03/09 12:54	

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Antimony, Dissolved	ug/L	500	468	94	80-120	
Arsenic, Dissolved	ug/L	500	459	92	80-120	
Cadmium, Dissolved	ug/L	500	465	93	80-120	
Chromium, Dissolved	ug/L	500	462	92	80-120	
Copper, Dissolved	ug/L	500	464	93	80-120	
Lead, Dissolved	ug/L	500	467	93	80-120	
Nickel, Dissolved	ug/L	500	459	92	80-120	
Selenium, Dissolved	ug/L	500	462	92	80-120	
Silver, Dissolved	ug/L	250	242	97	80-120	
Thallium, Dissolved	ug/L	500	429	86	80-120	
Zinc, Dissolved	ug/L	500	456	91	80-120	

MATRIX SPIKE SAMPLE:	315551						
Parameter	Units	9249132001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Antimony, Dissolved	ug/L	<0.0026 mg/L	500	502	100	75-125	
Arsenic, Dissolved	ug/L	0.011 mg/L	500	552	108	75-125	
Cadmium, Dissolved	ug/L	<0.00050 mg/L	500	449	90	75-125	
Chromium, Dissolved	ug/L	0.0012J mg/L	500	455	91	75-125	
Copper, Dissolved	ug/L	<0.00030 mg/L	500	479	96	75-125	
Lead, Dissolved	ug/L	<0.0040 mg/L	500	410	82	75-125	
Nickel, Dissolved	ug/L	<0.0017 mg/L	500	420	84	75-125	•
Selenium, Dissolved	ug/L	0.0040J mg/L	500	599	119	75-125	
Silver, Dissolved	ug/L	<0.00010 mg/L	250	265	106	75-125	
Thallium, Dissolved	ug/L	<0.0030 mg/L	500	353	70	75-125 M	10

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REPORT OF LABORATORY ANALYSIS

Page 13 of 34





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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

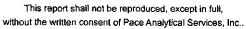
MATRIX SPIKE SAMPLE:	315551						
		9249132001	Spike	MS	MS	% Rec	
Parameter	Units	Result	Conc.	Result	% Rec	Limits	Qualifiers
Zinc, Dissolved	ug/L	<0.00040 mg/L	500	519	104	75-125	

		9249379001	Dup		Max	
Parameter	Units	Result	Result	RPD	RPD	Qualifiers
Antimony, Dissolved	ug/L	<0.0026 mg/L	ND		20	
Arsenic, Dissolved	ug/L	0.011 mg/L	11.0	0	20	
Cadmium, Dissolved	ug/L	<0.00050 mg/L	ND		20	
Chromium, Dissolved	ug/L	0.0012J mg/L	1.2J		20	
Copper, Dissolved	ug/L	<0.00030 mg/L	DN		20	
Lead, Dissolved	ug/L	<0.0040 mg/L	ND		20	
Nickel, Dissolved	ug/L	<0.0017 mg/L	ND		20	
Selenium, Dissolved	ug/L	<0.0038 mg/L	ND		20	
Silver, Dissolved	ug/L	<0.00010 mg/L	ND		20	
Thallium, Dissolved	ug/L	0.0040J mg/L	ND		20	
Zinc, Dissolved	ug/L	<0.00040 mg/L	ND		20	

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

Page 14 of 34







Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

OEXT/7589

Analysis Method:

EPA 608

QC Batch Method: EPA 3535

Analysis Description:

608 GCS Pest PCB

Associated Lab Samples:

METHOD BLANK: 317351

Matrix: Water

Associated Lab Samples: 9249646001

9249646001

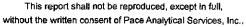
		Blank	Reporting		
Parameter	Units	Result	Limit	Analyzed	Qualifiers
4,4'-DDD	ug/L	ND	0.050	08/07/09 00:19	
4,4'-DDE	ug/L	ND	0.050	08/07/09 00:19	
4,4'-DDT	ug/L	ND	0.050	08/07/09 00:19	
Aldrin	ug/L	ND	0.050	08/07/09 00:19	
alpha-BHC	ug/L	ND	0.050	08/07/09 00:19	
beta-BHC	ug/L	ND	0.050	08/07/09 00:19	
Chlordane (Technical)	ug/L	ND	0.50	08/07/09 00:19	
delta-BHC	ug/L	ND	0.050	08/07/09 00:19	
Dieldrin	ug/L	ND	0.050	08/07/09 00:19	
Endosulfan I	ug/L	ND	0.050	08/07/09 00:19	
Endosulfan II	ug/L	ND	0.050	08/07/09 00:19	
Endosulfan sulfate	ug/L	ND	0.050	08/07/09 00:19	
Endrin	ug/L	ND	0.050	08/07/09 00:19	
Endrin aldehyde	ug/L	ND	0.050	08/07/09 00:19	
gamma-BHC (Lindane)	ug/L	ND	0.050	08/07/09 00:19	
Heptachlor	ug/L	ND	0.050	08/07/09 00:19	
Heptachlor epoxide	ug/L	ND	0.050	08/07/09 00:19	
PCB-1016 (Aroclor 1016)	ug/L	ND	0.50	08/07/09 00:19	
PCB-1221 (Aroclor 1221)	ug/L	ND	0.50	08/07/09 00:19	
PCB-1232 (Aroclor 1232)	ug/L	ND	0.50	08/07/09 00:19	
PCB-1242 (Aroclor 1242)	ug/L	ND	0.50	08/07/09 00:19	
PCB-1248 (Aroclor 1248)	ug/L	ND	0.50	08/07/09 00:19	
PCB-1254 (Aroclor 1254)	ug/L	ND	0.50	08/07/09 00:19	
PCB-1260 (Aroclor 1260)	ug/L	ND	0.50	08/07/09 00:19	
Toxaphene	ug/L	ND	0.50	08/07/09 00:19	
Decachlorobiphenyl (S)	%	119	20-138	08/07/09 00:19	
Tetrachioro-m-xylene (S)	%	71	20-110	08/07/09 00:19	

LABORATORY CONTROL SAMPLE:	317352					
		Spike	LCS	LCS	% Rec	
Parameter	Units	Conc.	Result	% Rec	Limits	Qualifiers
4,4'-DDD	ug/L	.08	0.078	98	31-141	
4,4'-DDE	ug/L	80.	0.086	108	30-145	
4,4'-DDT	ug/L	.08	0.084	105	25-160	
Aldrín	ug/L	.08	0.084	105	42-122	
alpha-BHC	ug/L	.08	0.070	88	37-134	
beta-BHC	ug/L	.08	0.084	104	17-147	
delta-BHC	ug/L	.08	0.086	107	19-140	
Dieldrin	ug/L	.08	0.084	105	36-146	
Endosulfan i	ug/L	.08	0.080	100	45-153	
Endosulfan II	ug/L	80.	0.088	110	1-202	

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REPORT OF LABORATORY ANALYSIS

Page 15 of 34







Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

ABORATORY CONTROL SAMPLE:	317352			<u> </u>		
Parameter	Units	Spike Conc.	LCS Result	LCS Rec	% Rec Limits	Qualifiers
dosulfan sulfate	ug/L	.08	0.064	79	26-144	
ndrin	ug/L	.08	0.088	109	30-147	
ndrin aldehyde	ug/L	.08	0.092	116	50-150	
mma-BHC (Lindane)	ug/L	.08	0.073	91	32-127	
ptachlor	ug/L	.08	0.085	106	34-111	
ptachlor epoxide	ug/L	.08	0.098	122	41-126	
cachlorobiphenyl (S)	%			110	20-138	
trachloro-m-xylene (S)	%			95	20-110	

MATRIX SPIKE & MATRIX SI	PIKE DUPLICAT	E: 31735	3		317354							
Parameter	92 Units	249646001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
4,4'-DDT	ug/L	ND	.16	.16	0.17	0.14	104	88	25-160	17	30	·
Aldrin	ug/L	ND	.16	.16	ND	ND	60	55	42-122		30	
Dieldrin	ug/L	ND	.16	.16	0.12	ND	74	46	36-146		30	
Endrin	ug/L	ND	.16	.16	0.10	0.12	63	78	30-147	21	30	
gamma-BHC (Lindane)	ug/L	ND	.16	.16	ND	ND	59	57	32-127		30	
Heptachlor	ug/L	ND	.16	.16	ND	0.13	53	80	34-111		30	
Decachlorobiphenyl (S)	%						45	32	20-138			
Tetrachloro-m-xylene (S)	%						82	61	20-110			

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Pace Analytical Services, Inc. 9800 Kincey Ave.: Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

MSV/7908

Analysis Method:

EPA 624

QC Batch Method: EPA 624

Analysis Description:

624 MSV

Associated Lab Samples:

9249646001

METHOD BLANK: 319908

Matrix: Water

Associated Lab Samples:

9249646001

		Blank	Reporting		
Parameter	Units	Result	Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/L	ND .	5.0	08/09/09 09:03	
1,1,2,2-Tetrachloroethane	ug/L	ND	5.0	08/09/09 09:03	
,1,2-Trichloroethane	ug/L	ND	5.0	08/09/09 09:03	
1-Dichloroethane	ug/L	ND	5.0	08/09/09 09:03	
1-Dichloroethene	ug/L	ND	5.0	08/09/09 09:03	
2-Dichlorobenzene	ug/L	ND	5.0	08/09/09 09:03	
-Dichloroethane	ug/L	ND	5.0	08/09/09 09:03	
-Dichloropropane	ug/L	ND	5.0	08/09/09 09:03	
-Dichlorobenzene	ug/L	ND	5.0	08/09/09 09:03	
-Dichlorobenzene	ug/L	ND	5.0	08/09/09 09:03	
nzene	ug/L	ND	5.0	08/09/09 09:03	
omodichloromethane	ug/L	ND	5.0	08/09/09 09:03	
moform	ug/L	ND	5.0	08/09/09 09:03	
momethane	ug/L	ND	10.0	08/09/09 09:03	
bon tetrachloride	ug/L	ND	5.0	08/09/09 09:03	
probenzene	ug/L	ND	5.0	08/09/09 09:03	
proethane	ug/L	ND	10.0	08/09/09 09:03	
proform	ug/L	ND	5.0	08/09/09 09:03	
promethane	ug/L	ND	5.0	08/09/09 09:03	
,2-Dichloroethene	ug/L	ND	5.0	08/09/09 09:03	
1,3-Dichloropropene	ug/L	ND	5.0	08/09/09 09:03	
omochloromethane	ug/L	ND	5.0	08/09/09 09:03	
/lbenzene	ug/L	ND	5.0	08/09/09 09:03	
hylene Chloride	ug/L	5.2	5.0	08/09/09 09:03	C9
achloroethene	ug/L	ND	5.0	08/09/09 09:03	
iene	ug/L	ND	5.0	08/09/09 09:03	
s-1,2-Dichloroethene	ug/L	ND	5.0	08/09/09 09:03	
s-1,3-Dichloropropene	ug/L	· ND	5.0	08/09/09 09:03	
hloroethene	u g /L	ND	5.0	08/09/09 09:03	
nlorofluoromethane	ug/L	ND	10.0	08/09/09 09:03	
yl chloride	ug/L	ND	5.0	08/09/09 09:03	
-Dichloroethane-d4 (S)	%	99	70-130	08/09/09 09:03	
Bromofluorobenzene (S)	%	97	8 6 -111	08/09/09 09:03	
promofluoromethane (S)	%	100	88-113	08/09/09 09:03	
	0.4	405			

LABORATORY CONTROL SAMPLE: 319909 % Rec Spike LCS LCS Parameter Units Conc. Result % Rec Limits Qualifiers 1,1,1-Trichloroethane ug/L 20 21.4 107 52-162 1,1,2,2-Tetrachloroethane ug/L 20 23.8 119 46-157

105

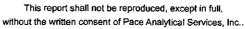
92-105 08/09/09 09:03

Date: 08/14/2009 11:36 AM

Toluene-d8 (S)

REPORT OF LABORATORY ANALYSIS

Page 17 of 34







Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

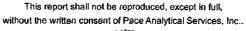
LABORATORY CONTROL SAMPLE:	319909					
		Spike	LCS	LCS	% Rec	
Parameter	Units	Conc.	Result	% Rec	Limits	Qualifiers
,1,2-Trichloroethane	ug/L	20	21.9	110	52-150	
,1-Dichloroethane	ug/L	20	21.8	109	59-155	
,1-Dichloroethene	ug/L	20	25.0	125	1-234	
,2-Dichlorobenzene	ug/L	20	21.1	105	18-190	
,2-Dichloroethane	ug/L	20	21.6	108	49-155	
,2-Dichloropropane	ug/L	20	22.6	113	1-210	
,3-Dichlorobenzene	ug/L	20	21.1	106	59-156	
,4-Dichlorobenzene	ug/L	20	20.7	104	18-190	
enzene	ug/L	20	20.9	104	37-151	
romodichloromethane	ug/L	20	19.9	100	35-155	
romoform	ug/L	20	19.4	97	45-169	
romomethane	ug/L	20	23.1	116	1-242	
arbon tetrachloride	ug/L	20	22.4	112	70-140	
hlorobenzene	ug/L	20	20.9	105	37-160	
hloroethane	ug/L	20	22.0	110	14-230	
hloroform	ug/L	20	20.1	101	51-138	
hloromethane	ug/L	20	22.4	112	1-273	
s-1,2-Dichloroethene	ug/L	. 20	23.1	115	68-146	
s-1,3-Dichloropropene	ug/L	20	22.7	114	1-227	
bromochloromethane	ug/L	20	19.8	99	53-149	
hylbenzene	ug/L	20	21.5	108	37-162	
ethylene Chloride	ug/L	20	25.6	128	1-221	
etrachloroethene	ug/L	20	22.2	111	64-148	
luene	ug/L	20	21.3	107	47-150	
ans-1,2-Dichloroethene	ug/L	20	21.7	108	54-156	
ans-1,3-Dichloropropene	ug/L	20	22.7	114	17-183	
richloroethene	ug/L	20	20.8	104	71-157	
ichlorofluoromethane	ug/L	20	24.9	124	17-181	
nyl chloride	ug/L	20	20.8	104	1-251	
2-Dichloroethane-d4 (S)	%			94	70-130	
Bromofluorobenzene (S)	%			101	86-111	
bromofluoromethane (S)	%			99	88-113	
luene-d8 (S)	%			101	92-105	

MATRIX SPIKE & MATRIX SP	IKE DUPLICAT	E: 31992	0		319921						_	
Parameter	92 Units	249570001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
1,1,1-Trichloroethane	ug/L	ND	20	20	24.6	25.1	123	126	46-171		30	
1,1,2,2-Tetrachloroethane	ug/L	ND	20	20	25.7	25.4	129	127	73-159	1	30	
1,1,2-Trichloroethane	ug/L	ND	20	20	24.3	24.4	121	122	64-152	.7	30	
1,1-Dichloroethane	ug/L	ND	20	20	24.1	24.8	120	124	43-172	3	30	
1,1-Dichloroethene	ug/L	ND	20	20	28.8	29.6	144	148	48-189	3	30	
1,2-Dichlorobenzene	ug/L	ND	20	20	23.7	23.2	118	116	54-154	2	30	
1,2-Dichloroethane	ug/L	ND	20	20	23.9	23.7	120	118	42-171	1	30	
1,2-Dichloropropane	ug/L	ND	20	20	25.1	25.4	125	127	55-157	1	30	
1,3-Dichlorobenzene	ug/L	ND	20	- 20	23.3	23.2	116	116	57-148	.5	30	

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

Page 18 of 34







Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

MATRIX SPIKE & MATRIX SP	IKE DUPLICAT	E: 31992	0		319921							
	92	249570001	MS Spike	MSD Spike	MS	MSD	MS	MSD	% Rec		Max	
Parameter	Units	Result	Conc.	Conc.	Result	Result	% Rec	% Rec	Limits	RPD	RPD	Qua
1,4-Dichlorobenzene	ug/L	ND	20	20	22.6	22.6	113	113	58-149	.006	30	
Benzene	ug/L	ND	20	20	23.8	24.0	119	120	54-163	.6	30	
Bromodichloromethane	ug/L	ИÐ	20	20	22.5	22.3	113	112	56-152	9	30	
3romoform	ug/L	ND	20	20	21.1	21.4	106	107	53-151	1	30	
Bromomethane	ug/L	ND	20	20	30.5	36.1	152	180	10-200	17	30	
Carbon tetrachloride	ug/L	ND	20	20	26.4	26.5	132	133	41-175	.5	30	
Chlorobenzene	ug/L	ND	20	20	23.4	23.0	117	115	67-152	2	30	
Chloroethane	ug/L	ND	20	20	25.4	25.3	127	127	23-200	.1	30	
Chloroform	ug/L	ND	20	20	23.7	23.7	119	118	51-166	.3	30	
Chloromethane	ug/L	ND	20	20	23.2	23.1	116	116	40-175	.2	30	
cis-1,2-Dichloroethene	ug/L	ND	20	20	25.4	24.9	127	124	45-174	2	30	
cis-1,3-Dichloropropene	ug/L	ND	20	20	25.1	25.4	125	127	38-146	1	30	
Dibromochloromethane	ug/L	ND	20	20	21.8	21.7	109	109	65-144	.5	30	
Ethylbenzene	ug/L	ND	20	20	24.3	24.0	122	120	57-152	1	30	
Methylene Chloride	ug/L	ND	20	20	26.2	25.9	125	124	40-167	1	30	
Tetrachloroethene	ug/L	ND	20	20	25.1	24.7	125	123	59-155	2	30	
Toluene	ug/L	ND	20	20	24.8	24.9	124	125	47-162	.6	30	
rans-1,2-Dichloroethene	ug/L	ND	20	20	24.7	25.9	124	129	47-178	5	30	
rans-1,3-Dichloropropene	ug/L	ND	20	20	24.7	25.4	123	127	39-148	3	30	
Trichloroethene	ug/L	ND	20	20	23.9	24.4	120	122	60-153	2	30	
Frichlorofluoromethane	ug/L	ND	20	20	29.1	30.3	145	151	42-199	4	30	
/inyl chloride	ug/L	ND	20	20	25.4	25.4	127	127	46-176	.1	30	
,2-Dichloroethane-d4 (S)	%						95	96	70-130			
l-Bromofluorobenzene (S)	%						101	100	86-111			
Dibromofluoromethane (S)	%						100	100	88-113			
Toluene-d8 (S)	%						104	104	92-105			

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REPORT OF LABORATORY ANALYSIS

Page 19 of 34

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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

QC Batch Method:

9249646

QC Batch:

MERP/2300 EPA 7470

Analysis Method:

EPA 7470

Analysis Description:

7470 Mercury Dissolved

Associated Lab Samples:

9249646001

METHOD BLANK: 315060

Matrix: Water

Associated Lab Samples:

9249646001

Blank Result

Reporting Limit

Analyzed

Qualifiers

Mercury, Dissolved

ug/L

ND

0.20 08/05/09 10:42

LABORATORY CONTROL SAMPLE:

Parameter

Parameter

Parameter

315061

Units

Units

Units

Spike

LCS Result

LCS % Rec

Limits

% Rec

Qualifiers

Mercury, Dissolved

Mercury, Dissolved

ug/L

Conc. 2.5

2.9

2.4

117

80-120

96

MATRIX SPIKE SAMPLE:

315062

9249640006 Result

Spike Conc.

MS Result

MS % Rec % Rec Limits

Qualifiers

SAMPLE DUPLICATE: 315063

Parameter

Units

9249640008 Result

Dup Result

ND

RPD

Max RPD

Qualifiers

75-125

Mercury, Dissolved

ug/L

ug/L

ND

ND

2.5

25

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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

OEXT/7596

Analysis Method:

EPA 8270

QC Batch Method: EPA 3510

Parameter

Analysis Description:

8270 Water MSSV

Associated Lab Samples:

9249646001

METHOD BLANK: 317430

.

Matrix: Water

Associated Lab Samples:

1,2-Diphenylhydrazine

2-Fluorobiphenyl (S)

2-Fluorophenol (S) Nitrobenzene-d5 (S)

Phenol-d6 (S) Terphenyl-d14 (S)

2,4,6-Tribromophenol (S)

Kepone

9249646001

ug/L

ug/L

% %

% %

%

%

Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
-	ND	10.0	08/07/09 20:05	
_	ND	50.0	08/07/09 20:05	
	35	25-150	08/07/09 20:05	
	56	30-150	08/07/09 20:05	
•	26	25-150	08/07/09 20:05	
	56	30-150	08/07/09 20:05	
	24	2 5 -150	08/07/09 20:05	1 g
	52	30-150	08/07/09 20:05	

LABORATORY CONTROL SAMPLI	E: 317431					
Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,2-Diphenylhydrazine	ug/L	50	30.7	61	50-150	
Kepone	ug/L		31.1J			
2,4,6-Tribromophenol (S)	%			37	25-150	
-Fluorobiphenyl (S)	%			53	30-150	
-Fluorophenol (S)	%			29	25-150	
itrobenzene-d5 (S)	%			94	30-150	
henol-d6 (S)	%			26	25-150	
erphenyl-d14 (S)	%			51	30-150	

Date: 08/14/2009 11:36 AM



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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

Methoxychlor

Mirex

OEXT/7590

Analysis Method:

EPA 8081

QC Batch Method: EPA 3535

Analysis Description:

8081A GCS Pesticides

Associated Lab Samples:

9249646001

Matrix: Water

METHOD BLANK: 317355 Associated Lab Samples:

Decachlorobiphenyl (S)

Tetrachioro-m-xylene (S)

9249646001

Blank Result	Reporting Limit	Analyzed	Qualifiers
ND	0.50	08/07/09 00:19	
ND	0.50	08/07/09 00:19	
119	20-138	08/07/09 00:19	
71	20-110	08/07/09 00:19	

LABORATORY CONTROL SAMPLE:

Parameter

317356

ug/L ug/L

% % Units

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Methoxychlor	ug/L	.28	ND	114	44-150	
Mirex	ug/L	.2	ND	89	20-121	
Decachlorobiphenyl (S)	%			110	20-138	
Tetrachloro-m-xylene (S)	%			95	20-110	





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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

320249

QC Batch: QC Batch Method:

METHOD BLANK:

WETA/5635

SM 4500-CN-E

Analysis Method:

SM 4500-CN-E

Analysis Description:

4500CNE Cyanide, Total

Associated Lab Samples:

9249646001

Matrix: Water

ND

Associated Lab Samples:

9249646001

Blank

Reporting

0.0050

Parameter

Result

Limit

Analyzed 08/12/09 10:32

97

0.092

12

Qualifiers

LABORATORY CONTROL SAMPLE:

Parameter

320250

Units

Units

Spike

LCS

ND

LCS % Rec % Rec Limits

Cyanide

Cyanide

Cyanide

Cyanide

mg/L

mg/L

Conc. .1

Result 0.097

80-120

Qualifiers

MATRIX SPIKE SAMPLE:

320251

mg/L

mg/L

Parameter

Parameter

Units

9250031002 Result

0.0062

Spike Conc.

MS Result

MS % Rec

% Rec Limits

Qualifiers

SAMPLE DUPLICATE: 320252

9250031004 Units Result

Dup Result

0.0070

RPD

Max RPD

91

20

Qualifiers

75-125

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REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, Inc.

2225 Riverside Dr. Asheville, NC 28804 (828)254-7176 Pace Analytical Services, Inc.

9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

QC Batch Method:

9249646

QC Batch:

WET/4908

SM 4500-S2-D

Analysis Method:

SM 4500-S2-D

Analysis Description:

4500S2D Sulfide Water

Associated Lab Samples: 9249646002

METHOD BLANK: 328096

Matrix: Water

Associated Lab Samples:

9249646002

Blank Result

Reporting

Limit

Analyzed

Qualifiers

Sulfide

Sulfide

Sulfide

mg/L

mg/L

Units

mg/L

Units

ND

0.10 07/31/09 13:32

LABORATORY CONTROL SAMPLE: 328097

Parameter

Parameter

Parameter

Spike Units Conc.

.5

LCS Result

0.52

328099

Result

LCS % Rec % Rec Limits

90-110

Qualifiers

MATRIX SPIKE & MATRIX SPIKE DUPLICATE:

328098

6063503001

Result

ND

MS

Spike

Conc.

.5

Spike

Conc.

MSD

.5

MS

0.33

MSD MS

0.35

% Rec

65

Result

104

MSD % Rec

% Rec Limits

75-125

Max

RPD RPD Qual 20 M3

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REPORT OF LABORATORY ANALYSIS

Page 24 of 34

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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

WET/4921

Analysis Method:

EPA 120.1

QC Batch Method: EPA 120.1

Analysis Description:

120.1 Specific Conductance

Associated Lab Samples:

9249646002

METHOD BLANK: 329639

Matrix: Water

Associated Lab Samples:

9249646002

Blank Result Reporting Limit

Analyzed

Qualifiers

Specific Conductance

umhos/cm

Units

ND

1.0 08/07/09 09:19

LABORATORY CONTROL SAMPLE:

Parameter

329640

Spike

LCS

LCS % Rec % Rec

Qualifiers

Parameter Specific Conductance

Units umhos/cm

Conc. 1410 Result 1290

92

Limits 90-110

SAMPLE DUPLICATE:

329641

Parameter

Units

9249646002 Result

Dup Result

RPD

Max RPD

Qualifiers

Specific Conductance

umhos/cm

367

372

20





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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

WETA/5642

QC Batch Method:

SM 4500-CI-E

Analysis Method: Analysis Description: SM 4500-CI-E 4500 Chloride

Associated Lab Samples:

9249646002

Matrix: Water

METHOD BLANK: 320975 Associated Lab Samples:

9249646002

Reporting

Parameter

Blank Result

Limit

Qualifiers

55

93

Chloride

mg/L

Units

Units

ND

5.0 08/12/09 12:12

Analyzed

LABORATORY CONTROL SAMPLE:

Parameter

Parameter

Parameter

Parameter

Parameter

320976

Spike Conc.

LCS Result

LCS % Rec % Rec Limits

Chloride

Chloride

Chloride

mg/L

20

20.9

104

90-110

Qualifiers

MATRIX SPIKE SAMPLE:

320977

9249646002 Units Result

39.4

13.3

5.6

39.3

MS Spike Conc. Result

20

20

5.6

39.9

MS % Rec

50.4

32.0

% Rec Limits

75-125 MO

Qualifiers

MATRIX SPIKE SAMPLE:

320980

Units

mg/L

mg/L

mg/L

Units

Units

mg/L

9250451001 Result

Spike Conc.

MS MS Result % Rec

.6

2

% Rec Limits

Qualifiers

SAMPLE DUPLICATE:

320979

9250181002 Result

Dup Result

RPD

Max **RPD** Qualifiers

75-125

20

20

SAMPLE DUPLICATE:

Chloride

Chloride

320981

9250451002 Result

Dup Result **RPD**

Max RPD

Qualifiers

Date: 08/14/2009 11:36 AM

Page 26 of 34



Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

m&p-Xylene

Toluene-d8 (S)

o-Xylene

MSV/7941

Analysis Method:

EPA 8260

QC Batch Method: EPA 8260

Parameter

Analysis Description:

8260 MSV Low Level

Associated Lab Samples:

9249646001

Matrix: Water

METHOD BLANK: 320962 Associated Lab Samples:

1,2-Dichloroethane-d4 (S)

4-Bromofluorobenzene (S)

Dibromofluoromethane (S)

9249646001

Units

ug/L

ug/L

% %

%

%

Blank Result	Reporting Limit	Analyzed	Qualifiers
ND	2.0	08/12/09 08:51	
ND	1.0	08/12/09 08:51	
95	7 9- 120	08/12/09 08:51	
102	87-109	08/12/09 08:51	
100	85-115	08/12/09 08:51	
99	70-120	08/12/09 08:51	

LABORATORY CONTROL SAMP	PLE: 320963					
		Spike	LCS	LCS	% Rec	
Parameter	Units	Conc.	Result	% Rec	Limits	Qualifiers
m&p-Xylene	ug/L	100	93.8	94	82-127	
o-Xylene	ug/L	50	55.2	110	83-124	
1,2-Dichloroethane-d4 (S)	%			91	79-120	
4-Bromofluorobenzene (S)	%			101	87-109	
Dibromofluoromethane (S)	%			99	85-115	
Toluene-d8 (S)	%			100	70-120	

MATRIX SPIKE & MATRIX SP	IKE DUPLICAT	E: 32096	4		320965						
Parameter	92 Units	250426008 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	Ma RPD RP	
1,2-Dichloroethane-d4 (S)	— 						93	98	79-120		
4-Bromofluorobenzene (S)	%						96	97	87-109		
Dibromofluoromethane (S)	%						99	100	85-115		
Toluene-d8 (S)	%						99	100	70-120		



Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

ANALYTICAL RESULTS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.: 9249646

Sample: OUTFALL 001 GRAB PWS:	Lab ID: 92496 Site ID:	Collected: 07/28/09 08: Sample Type:	Received:	07/29/09 08:15	Matrix: Water	
Parameters	Method	Act ± Unc (MDC)	Units	Analyzed	CAS No.	Qual
Gross Alpha	EPA 900.0m	0.262 ± 0.638 (1.17)	pCi/L	08/05/09 17:48	12587-46-1	
Gross Beta	EPA 900.0m	6.02 ± 1.23 (0.627)	pCi/L	08/05/09 17:48	12587-47-2	
Actinium-228	EPA 901.1m	6.98 ± 5.89 (2.73)	pCi/L	08/04/09 11:55	14331-83-0	
Americium-241	EPA 901.1m	19.2 ± 37.2 (18.6)	pCi/L	08/04/09 11:55	86954-36-1	
Bismuth-212	EPA 901.1m	6.91 ± 14.0 (7.03)	pCi/L	08/04/09 11:55	14913-49-6	
Bismuth-214	EPA 901.1m	$5.20 \pm 5.63 (2.50)$	pCi/L	08/04/09 11:55	14733-03-0	
Cesium-137	EPA 901.1m	-0.670 ± 2.11 (1.07)	pCi/L	08/04/09 11:55	10045-97-3	
Cobalt-60	EPA 901.1m	-1.75 ± 10.7 (1.25)	pCi/L	08/04/09 11:55	10198-40-0	
Europium-154	EPA 901.1m	2.83 ± 4.89 (2.44)	pCi/L	08/04/09 11:55	15585-10-1	
Lead-210	EPA 901.1m	-270 ± 1,420 (706)	pCi/L	08/04/09 11:55	14255-04-0	
Lead-212	EPA 901.1m	7.68 ± 9.09 (1.97)	pCi/L	08/04/09 11:55		
Lead-214	EPA 901.1m	3.12 ± 4.92 (2.51)	pCi/L	08/04/09 11:55	15067-28-4	
Manganese-54	EPA 901.1m	-0.064 ± 1.27 (1.41)	pCi/L	08/04/09 11:55		
Potassium-40	EPA 901.1m	-18.6 ± 63.7 (13.0)	pCi/L	08/04/09 11:55	13966-00-2	
Thallium-208	EPA 901.1m	2.76 ± 4.92 (2.47)	pCi/L	08/04/09 11:55		
Thorium-234	EPA 901.1m	85.8 ± 57.4 (163)	pCi/L	08/04/09 11:55		
Uranium-235	EPA 901.1m	3.46 ± 2.51 (8.79)	pCi/L	08/04/09 11:55		
Strontium-90	EPA 905.0	0.503 ± 0.276 (0.481)	pCi/L	08/12/09 07:15		
Tritium	EPA 906.0	-115 ± 127 (234)	pCi/L	08/11/09 01:09		

Date: 08/14/2009 11:36 AM





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

RADC/2905

Analysis Method:

EPA 905.0

QC Batch Method:

EPA 905.0

Analysis Description:

905.0 Strontium 89/90

Associated Lab Samples:

METHOD BLANK: 82450

Matrix: Water

Associated Lab Samples:

9249646001

9249646001

Parameter

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Strontium-90

 $0.349 \pm 0.289 \quad (0.573)$

pCi/L

08/12/09 07:15





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

RADC/2871

Analysis Method:

EPA 901.1m

QC Batch Method:

EPA 901.1m

Analysis Description:

901.1 Gamma Spec

Associated Lab Samples:

9249646001

Matrix: Water

METHOD BLANK: 80688
Associated Lab Samples:

9249646001

Parameter	Act ± Unc (MDC)	Units	Analyzed Qualifier
Actinium-228	6.47 ± 6.77 (3.25)	pCi/L	08/04/09 14:07
Americium-241	-10.1 ± 39.9 (17.0)	pCi/L	08/04/09 14:07
Bismuth-212	$-0.336 \pm 25.6 (8.26)$	pCi/L	08/04/09 14:07
Bismuth-214	$1.55 \pm 4.76 (2.42)$	pCi/L	08/04/09 14:07
Cesium-137	$-0.896 \pm 2.16 (1.09)$	pCi/L	08/04/09 14:07
Cobalt-60	-1.46 ± 6.48 (1.14)	pCi/L	08/04/09 14:07
Europium-154	$0.333 \pm 0.582 (2.41)$	pCi/L	08/04/09 14:07
_ead-210	16.4 ± 1,470 (753)	pCi/L	08/04/09 14:07
_ead-212	$0.334 \pm 3.40 (1.79)$	pCi/L	08/04/09 14:07
₋ead-214	-2.64 ± 5.29 (2.55)	pCi/L	08/04/09 14:07
Manganese-54	$-0.500 \pm 2.62 (1.05)$	pCi/L	08/04/09 14:07
Potassium-40	$-36.0 \pm 7.20 (17.6)$	pCi/L	08/04/09 14:07
Thallium-208	-0.736 ± 72.3 (3.13)	pCi/L	08/04/09 14:07
Thorium-234	86.4 ± 62.8 (135)	pCi/L	08/04/09 14:07
Uranium-235	5.39 ± 2.89 (7.56)	pCi/L	08/04/09 14:07

Date: 08/14/2009 11:36 AM





Pace Analytical Services, Inc. 2225 Riverside Dr.

> Asheville, NC 28804 (828)254-7176

Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100

Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

RADC/2895

Analysis Method:

EPA 906.0

QC Batch Method:

EPA 906.0

Analysis Description:

906.0 Tritium

Associated Lab Samples:

9249646001

Matrix: Water

METHOD BLANK: 82237
Associated Lab Samples:

9249646001

Parameter

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Tritium

-39.6 ± 130 (232)

pCi/L

08/10/09 20:03

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

QC Batch:

RADC/2868

Analysis Method:

EPA 900.0m

QC Batch Method:

EPA 900.0m

Analysis Description:

900.0 Gross Alpha/Beta

Associated Lab Samples:

9249646001

METHOD BLANK: 80681 Associated Lab Samples:

9249646001

Matrix: Water

Act ± Unc (MDC) Parameter Units Analyzed Qualifiers pCi/L Gross Alpha 0.522 ± 0.324 (0.501) 08/05/09 17:50 **Gross Beta** $-0.005 \pm 0.310 \quad (0.561)$ pCi/L 08/05/09 17:50

Date: 08/14/2009 11:36 AM

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALIFIERS

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

Pace Analytical is NELAP accredited. Contact your Pace PM for the current list of accredited analytes.

U - Indicates the compound was analyzed for, but not detected.

LABORATORIES

PASI-A	Pace Analytical Services - Asheville
PASI-C	Pace Analytical Services - Charlotte
PASI-I	Pace Analytical Services - Indianapolis
PASI-PA	Pace Analytical Services - Greensburg

BATCH QUALIFIERS

Batch: WET/4900

All samples were Non-Detect for Total Sulfide. Therefore, by definition, all Hydrogen Sulfide results are also Non-Detect. [1]

ddm 7-31-09

ANALYTE QUALIFIERS

1g	Acid surrogate recovery outside of control limits. The data was accepted based on valid recovery of the 2 remaining acid surrogates.
C9	Common Laboratory Contaminant.
H1	Analysis conducted outside the EPA method holding time.
HS	Results are from sample aliquot taken from VOA vial with headspace (air bubble greater than 6 mm diameter).
MO	Matrix spike recovery was outside laboratory control limits.
M3	Matrix spike recovery was outside laboratory control limits due to matrix interferences.





Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:

TOWN OF MARION WWTP 61024

Pace Project No.:

9249646

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
9249646001	OUTFALL 001 GRAB	EPA 900.0m	RADC/2868	- -	
9249646001	OUTFALL 001 GRAB	EPA 901.1m	RADC/2871		
9249646001	OUTFALL 001 GRAB	EPA 906.0	RADC/2895		
9249646001	OUTFALL 001 GRAB	EPA 905.0	RADC/2905		
9249646001	OUTFALL 001 GRAB	EPA 7470	MERP/2300	EPA 7470	MERC/2291
9249646001	OUTFALL 001 GRAB	EPA 3010	MPRP/4837	EPA 6010	ICP/4482
9249646001	OUTFALL 001 GRAB	EPA 3535	OEXT/7589	EPA 608	GCSV/5968
9249646001	OUTFALL 001 GRAB	EPA 3535	OEXT/7590	EPA 8081	GCSV/5967
9249646001	OUTFALL 001 GRAB	EPA 625	OEXT/7593	EPA 625	MSSV/2960
9249646001	OUTFALL 001 GRAB	EPA 3510	OEXT/7596	EPA 8270	MSSV/2962
9249646001	OUTFALL 001 GRAB	EPA 624	MSV/7908		
9249646001	OUTFALL 001 GRAB	SM 4500-CN-E	WETA/5635	•	
9249646001	OUTFALL 001 GRAB	EPA 8260	MSV/7941		
9249646002	OUTFALL 001 COMP	SM 4500-CI-E	WETA/5642		
9249646002	OUTFALL 001 COMP	SM 4500-S F	WET/4900		
9249646002	OUTFALL 001 COMP	SM 4500-S2-D	WET/4908		
9249646002	OUTFALL 001 COMP	EPA 120.1	WET/4921		





August 12, 2009

Kevin Herring
Pace Analytical Charlotte
9800 Kincey Ave.
Suite 100
Huntersville, NC 28078

RE: Project: 9249646

Pace Project No.: 3013540

Dear Kevin Herring:

Enclosed are the analytical results for sample(s) received by the laboratory on July 30, 2009. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Amy Wells

amy.wells@pacelabs.com Project Manager

amy to Wellow

Enclosures



Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4

(724)850-5600

Greensburg, PA 15601

CERTIFICATIONS

Project:

9249646

Pace Project No.:

3013540

Pennsylvania Certification IDs

Missouri Certification #: 235

Michigan/PADEP Certification

Minnesota Certification #: 042-999-425

Wyoming Certification #: 8TMS-Q
Wisconsin/PADEP Certification
West Virginia Certification #: 143
Washington Certification #: 01941
Virginia Certification #: 0112
Virgin Island/PADEP Certification
Utah/NELAC Certification #: ANTE
Texas/NELAC Certification #: T104704188-09 TX
Tennessee Certification #: TN2867
South Dakota Certification #: PA01457
Pennsylvania/NELAC Certification #: 65-282
Oregon/NELAC Certification #: PA200002
North Carolina Certification #: 42706
New York/NELAC Certification #: 10888
New Mexico Certification
New Jersey/NELAC Certification #: PA 051
New Hampshire/NELAC Certification #: 2976
Nevada Certification
Montana Certification #: Cert 0082

Massachusetts Certification #: M-PA1457
Maryland Certification #: 308
Maine Certification #: PA0091
Louisiana/NELAC Certification #: LA080002
Louisiana/NELAC Certification #: 4086
Kentucky Certification #: 90133
Kansas/NELAC Certification #: E-10358
lowa Certification #: 391
Indiana/PADEP Certification
Illinois/PADEP Certification
Illinois/PADEP Certification
Georgia Certification #: 968
Florida/NELAC Certification #: E87683
Delaware Certification #: PH 0694
Colorado Certification
California/NELAC Certification #: 04222CA
Arkansas Certification
Arizona Certification #: AZ0734

Alabama Certification #: 41590





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601

(724)850-5600

SAMPLE SUMMARY

Project:

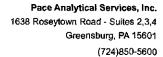
9249646

Pace Project No.:

3013540

Lab ID	Sample ID	Matrix	Date Collected	Date Received	
9249646001	OUTFALL 001 GRAB	Water	07/28/09 08:10	07/30/09 09:45	







SAMPLE ANALYTE COUNT

Project:

9249646

Pace Project No.:

3013540

				Analytes	
Lab ID	Sample ID	Method	Analysts	Reported	Laboratory
9249646001	OUTFALL 001 GRAB	EPA 900.0m	RMD	2	PASI-PA
		EPA 901.1m	TTF	15	PASI-PA
		EPA 905.0	MBT	1	PASI-PA
		EPA 906.0	JAL	1	PASI-PA





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601 (724)850-5600

PROJECT NARRATIVE

Project:

9249646 3013540

Pace Project No.:

EPA 900.0m

Method: Description:

Description: 900.0 Gross Alpha/Beta

Client:

PACE ANALYTICAL SERVICES, INC.

Date:

August 12, 2009

General Information:

1 sample was analyzed for EPA 900.0m. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601 (724)850-5600

PROJECT NARRATIVE

Project:

Method:

9249646 3013540

Pace Project No.:

EPA 901.1m

Description: 901.1 Gamma Spec

Client:

PACE ANALYTICAL SERVICES, INC

Date:

August 12, 2009

General Information:

1 sample was analyzed for EPA 901.1m. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4

Greensburg, PA 15601 (724)850-5600

PROJECT NARRATIVE

Project:

9249646

Pace Project No.:

3013540

Method:

EPA 905.0 Description: 905.0 Strontium 89/90

Client:

PACE ANALYTICAL SERVICES, INC

Date:

August 12, 2009

General Information:

1 sample was analyzed for EPA 905.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601 (724)850-5600

PROJECT NARRATIVE

Project:

9249646

Pace Project No.:

3013540

Method:

EPA 906.0 Description: 906.0 Tritium

Client:

PACE ANALYTICAL SERVICES, INC

Date:

August 12, 2009

General Information:

1 sample was analyzed for EPA 906.0. All samples were received in acceptable condition with any exceptions noted below.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

All analytes were below the report limit in the method blank with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Duplicate Sample:

All duplicate sample results were within method acceptance criteria with any exceptions noted below.

Additional Comments:

This data package has been reviewed for quality and completeness and is approved for release.







ANALYTICAL RESULTS

Project:

9249646

Pace Project No.: 3013540

Sample: OUTFALL 001 GRAB PWS:	Lab ID: 9249646 Site ID:	O01 Collected: 07/28/09 08:10 Sample Type:	Received:	07/30/09 09:45	Matrix: Water	
Parameters	Method	Act ± Unc (MDC)	Units	Analyzed	CAS No.	Qual
Gross Alpha	EPA 900.0m	0.262 ± 0.638 (1.17)	pCi/L	08/05/09 17:48	12587-46-1	
Gross Beta	EPA 900.0m	6.02 ± 1.23 (0.627)	pCi/L	08/05/09 17:48	12587-47-2	
Actinium-228	EPA 901.1m	6.98 ± 5.89 (2.73)	pCi/L	08/04/09 11:55	14331-83-0	
Americium-241	EPA 901.1m	19.2 ± 37.2 (18.6)	pCi/L	08/04/09 11:55	86954-36-1	
Bismuth-212	EPA 901.1m	6.91 ± 14.0 (7.03)	pCi/L	08/04/09 11:55	14913-49-6	
Bismuth-214	EPA 901.1m	5.20 ± 5.63 (2.50)	pCi/L	08/04/09 11:55	14733-03-0	
Cesium-137	EPA 901.1m	-0.670 ± 2.11 (1.07)	pCi/L	08/04/09 11:55	10045-97-3	
Cobalt-60	EPA 901.1m	-1.75 ± 10.7 (1.25)	pCi/L	08/04/09 11:55	10198-40-0	
Europium-154	EPA 901.1m	2.83 ± 4.89 (2.44)	pCi/L	08/04/09 11:55	15585-10-1	
Lead-210	EPA 901.1m	-270 ± 1,420 (706)	pCi/L	08/04/09 11:55	14255-04-0	
Lead-212	EPA 901.1m	7.68 ± 9.09 (1.97)	pCi/L	08/04/09 11:55	15092-94-1	
Lead-214	EPA 901.1m	3.12 ± 4.92 (2.51)	pCi/L	08/04/09 11:55	15067-28-4	
Manganese-54	EPA 901.1m	-0.064 ± 1.27 (1.41)	pCi/L	08/04/09 11:55	13966-31-9	
Potassium-40	EPA 901.1m	-18.6 ± 63.7 (13.0)	pCi/L	08/04/09 11:55	13966-00-2	
Thallium-208	EPA 901.1m	2.76 ± 4.92 (2.47)	pCi/L	08/04/09 11:55	14913-50-9	
Thorium-234	EPA 901.1m	85.8 ± 57.4 (163)	pCi/L	08/04/09 11:55	15065-10-8	
Uranium-235	EPA 901.1m	3.46 ± 2.51 (8.79)	pCi/L	08/04/09 11:55	15117-96-1	
Strontium-90	EPA 905.0	0.503 ± 0.276 (0.481)	pCi/L	08/12/09 07:15	10098-97-2	
Tritium	EPA 906.0	-115 ± 127 (234)	pCi/L	08/11/09 01:09	ı	







QUALITY CONTROL DATA

Project:

9249646

Pace Project No.:

3013540

QC Batch:

RADC/2868

Analysis Method:

EPA 900.0m

Units

QC Batch Method:

EPA 900.0m

Analysis Description:

900.0 Gross Alpha/Beta

Associated Lab Samples: METHOD BLANK: 80681

9249646001

Associated Lab Samples:

9249646001

Matrix: Water

Parameter Gross Alpha

Gross Beta

Act ± Unc (MDC) 0.522 ± 0.324 (0.501)

 $-0.005 \pm 0.310 \quad (0.561)$

pCi/L pCi/L

Analyzed 08/05/09 17:50

Qualifiers

08/05/09 17:50







QUALITY CONTROL DATA

Project:

9249646

Pace Project No.:

3013540

QC Batch:

RADC/2871

Analysis Method:

EPA 901.1m

QC Batch Method:

EPA 901.1m

Analysis Description:

901.1 Gamma Spec

Associated Lab Samples:

9249646001

METHOD BLANK: 80688

Matrix: Water

Associated Lab Samples:

9249646001

Parameter	Act ± Unc (MDC)	Units	Analyzed	Qualifiers
Actinium-228	6.47 ± 6.77 (3.25)	pCi/L	08/04/09 14:07	
Americium-241	-10.1 ± 39.9 (17.0)	pCi/L	08/04/09 14:07	
Bismuth-212	-0.336 ± 25.6 (8.26)	pCi/L	08/04/09 14:07	
Bismuth-214	$1.55 \pm 4.76 (2.42)$	pCi/L	08/04/09 14:07	
Cesium-137	-0.896 ± 2.16 (1.09)	pCi/L	08/04/09 14:07	
Cobalt-60	-1.46 ± 6.48 (1.14)	pCi/L	08/04/09 14:07	
Europium-154	$0.333 \pm 0.582 (2.41)$	pCi/L	08/04/09 14:07	
Lead-210	16.4 ± 1,470 (753)	pCi/L	08/04/09 14:07	
Lead-212	$0.334 \pm 3.40 (1.79)$	pCi/L	08/04/09 14:07	
Lead-214	-2.64 ± 5.29 (2.55)	pCi/L	08/04/09 14:07	
Manganese-54	$-0.500 \pm 2.62 (1.05)$	pCi/L	08/04/09 14:07	
Potassium-40	$-36.0 \pm 7.20 (17.6)$	pCi/L	08/04/09 14:07	
Thallium-208	$-0.736 \pm 72.3 (3.13)$	pCi/L	08/04/09 14:07	
Thorium-234	86.4 ± 62.8 (135)	pCi/L	08/04/09 14:07	
Jranium-235	$5.39 \pm 2.89 (7.56)$	pCi/L	08/04/09 14:07	





Pace Analytical Services, inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601

(724)850-5600

QUALITY CONTROL DATA

Project:

9249646

Pace Project No.:

3013540

QC Batch:

RADC/2895

Analysis Method:

EPA 906.0

QC Batch Method:

EPA 906.0

Analysis Description:

906.0 Tritium

Associated Lab Samples:

9249646001

Matrix: Water

METHOD BLANK: 82237 Associated Lab Samples:

Parameter

9249646001

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Tritium

 -39.6 ± 130 (232)

pCi/L

08/10/09 20:03





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601 (724)850-5600

QUALITY CONTROL DATA

Project:

9249646

Pace Project No.:

3013540

QC Batch:

RADC/2905

Analysis Method:

EPA 905.0

QC Batch Method:

EPA 905.0

Analysis Description:

905.0 Strontium 89/90

Associated Lab Samples:

9249646001

METHOD BLANK: 82450

Parameter

Matrix: Water

Associated Lab Samples:

9249646001

Act ± Unc (MDC)

Units

Analyzed

Qualifiers

Strontium-90

 $0.349 \pm 0.289 \quad (0.573)$

pCi/L

08/12/09 07:15





Pace Analytical Services, Inc. 1638 Roseytown Road - Suites 2,3,4 Greensburg, PA 15601 (724)850-5600

QUALIFIERS

Project:

9249646

Pace Project No.: 3013540

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

Pace Analytical is NELAP accredited. Contact your Pace PM for the current list of accredited analytes.

U - Indicates the compound was analyzed for, but not detected.

LABORATORIES

PASI-PA Pace Analytical Services - Greensburg







QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:

9249646

Pace Project No.:

3013540

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
9249646001	OUTFALL 001 GRAB	EPA 900.0m	RADC/2868		
9249646001	OUTFALL 001 GRAB	EPA 901.1m	RADC/2871		
9249646001	OUTFALL 001 GRAB	EPA 906.0	RADC/2895		
9249646001	OUTFALL 001 GRAB	EPA 905.0	RADC/2905		

Date: 08/12/2009 04:06 PM

REPORT OF LABORATORY ANALYSIS

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DAT Report

Data Analysis Technologies, Inc.

7715 Corporate Blvd. Plain City, OH 43064 800-733-8644

Sample Analysis Certificate

Client:

Pace Analytical Services, Inc.

Address: 370 West Meadow Road

Eden, NC 27288

Date:

8/12/09

Project ID: Sample Date: 0709036 7/28/09

Date Received: Analysis Date 7/30/09

Analyst:

8/11/09 KD

Attn:

Kevin Herring

Your Project:

9249646

Sampled by:

Not provided

Analysis:

NBSIR-85-3295 / Tributyltin

Results:

See attached summary table.

QC:

See attached summary table. Recoveries for the matrix spike and spike duplicate were less

than those for the laboratory spike and spike duplicate.

Reviewed and approved for release by:

Beth Kazee Curran, Ph. I

Themist DAT

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Data Analysis Technologies, Inc. 7715 Corporate Boulevard Plain City, OH 43064

Data Summary Table NBSIR 85-3295 / Tributyltin

Client: Pace Analytical **Client Project:** 9249646 **DAT Project:** 0709036 Date Sampled: 7/28/2009 Date Received: 7/30/2009 Date Prepped: 8/10/2009 Date Analyzed: 8/11/2009 Analyst: KD

Client Sample ID:	DAT Sample ID:	Analyte:	Sample MDL, ug/L	TBT, ug/L	Q
9249646001	0709036- 1	Tributyltin	0.05	ND	

TBT=Tributyltin

ND=Not detected above the detection limit.

B = Method blank contained a trace level of the compound of interest.

D = Value measured from a dilution.

J = Value less than the low standard.

Data Analysis Technologies, Inc. 7715 Corporate Boulevard Plain City, OH 43064

QC Summary Table NBSIR 85-3295 / Tributyltin

Client:	Pace Analytical
Client Project:	9249646
DAT Project:	0709036
Date Sampled:	7/28/2009
Date Received:	7/30/2009
Date Prepped:	8/10/200 9
Date Analyzed:	8/11/2009
Analyst:	KD

Client Sample ID:	DAT Sample ID:	Analyte:	Instr. Conc, ug/mL	Sample MDL, ug/L	% Rec	% RSD	Q
Method Blank	МВ	Tributyltin	ND	0.05			
Matrix Spike	0709036-1MS	Tributyltin	5.86	0.05	59		
Matrix Spike Duplicate	0709036-1MSD	Tributyltin	5.50	0.05	5 5		
Laboratory Spike	LS	Tributyltin	10.26	0.05	103	1	
Laboratory Spike Duplicate	LSD	Tributyltin	9.68	0.05	97	6	

TBT = Tributyltin

ND = Not detected at the detection limit shown.

D = Value measured from a dilution.

J = Value less than the low standard.

DOCUMENTATION

Page 1 of

FMT-ALL-C-002rev.00 24March2009

0709036

Pace Analytical muniposition LAB USE ONLY Comments Results Requested 8/12/2009 Requested Analysis Sis Date/Time 3.5-04 PO (150 bars) **TOWN OF MARION WWTP 61024** HONE Water Matrix Received By 924964600 Labio Subcontract To Date/Time 7/28/2009 08:30 Workorder Name: Collect Date/Time Pace Analytical Charlotte 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 Phone (704)875-9092 Email: kevin.herring@pacelabs.com Chain of Custody OUTFALL 001 COMP Released By Workorder: 9249646 Sample ID Report / Invoice To Kevin Herring Transfers Rem Page 5 of 10

Sples Rosent

Wednesday, July 29, 2009 12:27:13 FM

Pace Analytical

Contracts Cont	Norkord	Workorder: 9249646	Workorder Name:	Name:	N PO N	MARION V	MARION WWTP 61024		Results Requested	Requ	ested	8/12/2009	- 600			
Herring Preserved Containers Preserved	100	voice 10		Subcont	Iract To						Requeste	d Analysi	5			
Hit Keviri herring@pacelabs.com Collect Sample ID OutFALL 031 COMP T2282009 08:30 9249646002 Water I OUTFAL	/in Herr se Anal 00 Kince ntersvill	ing ytical Charlotte by Ave. Suite 100 e, NC_28078			Soft	Q.	0.0450 le	33)	40							<u> </u>
OUTFALL 001 COMP 7228/2009 08:30 9249646002 Water Country & Sample ID Matrix & Sample ID Date/Time Lab ID Matrix & Sample ID Date/Time Lab ID Matrix & Sample ID Date/Time Received By Date/Time Comments	rail: kev	in.herring@pacelabs.c	шо				C		T GFM	·						
OUTFALL 001 COMP 7728/2009 08:30 9249646002 Water 1 sfers Released By Date/Time Comments	NAME OF	Q) ejor	Collect	4		3	1erdiO	ugues s	9141	<u>-</u>						
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FMT-ALL-G-002rev.00 24March2009

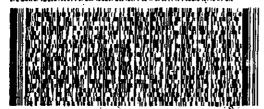
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ORIGIN ID. SRWA (/04) 875-9092
PACE ANALYTICAL SERVICES, INC.
PACE ANALYTICAL SERVICES, INC.
9800 KINCEY AVENUE
SUITE 100
HUNTERSVILLE, NC 20076
UNITED STRIES US

TO SAMPLE RECEIVING D.A.T. 7715 CORPORATE BLVD

PLAIN CITY, OH 43064

Ref: 9203 SUB OUT Dept: MARKETIN /CLIENT SERVICE



Ship Date: 04AUG09 ActWgt: 27.9 LB System#: 0050643/CAFE2361 Account: 5 ********

(614) 873-0718 FedEx



Delivery Address Barcode

BILL SENDER

STANDARD OVERNIGHT

6594 2189 7804

WED peliver By: 05AUG09



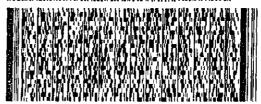
ORIGIN 1D: SRWA (704) 075-9092
PACE ANALYTICAL SERVICES, INC.
PACE ANALYTICAL SERVICES, INC.
9800 KINCEY AVENUE
SUITE 100
HUNTERSVILLE, NC 20078
UNITED STATES-US

TO SAMPLE RECEIVING D.A.T. 7715 CORPORATE BLVD

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Ref: 9203 Dept: 9203 SUB OUT

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(614) 873-0710 FedEx

Ship Date: 29JUL09 RotWgt: 19.7 LB System#: 0050643/CAFE2361 Account: S **********



Delivery Address Barcode

BILL SENDER

THU

Deliver By: 30JUL09

STANDARD OVERNIGHT

TRK# 6594 2189 7322 For

LCK

43064 -OH-US

:	DAT Labs Inc. Sample Receipt Report	ort	
	Client/Number: Pace Analytical Charlotte (10984) Custodian Initial: 12 Date: 7-30-09	The client Yes	The client has been contacted.
	Secondary Review: Initials: Date:		
	Upon receipt of samples, check if any of the following discrepancies have been noted	been noted.	
	Discrepancy Type	Riversi	Specify annlicable aliant ID ox "all"
-	COC and samples do not match		approprie crient 12.07 an
	No unique sample identifications	8-5-09	60
	Samples received outside of the required temp criteria. Receipt Temp:	4,0 C 52	2
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	1))	
	The sample collector was not named		
	Sample containers were not appropriate		
	Sample labels were destroyed or unreadable		
	Samples were received outside of holding time		
	There was not enough sample to perform the requested analysis.		
	Samples showed sign of damage or contamination.		
	ie? Y N	If Yes, list sample ID(s) in details:	n details:
	Sample pH acidic basic neutral Check pH of aqu	seous samples if no pres	Check pH of aqueous samples if no preservation is noted on COC.
	Details: Pace Lab 10 # on Bottle is: -ool on c	on Coc : 2002	
	poth.		
	What shoot - Mug sout Les wong bothe Work me	WARL MILLE WALL TO THOUSE	return the bound
	Sumpre print for nonyonatile aqueents samples and presence or absence of headspace (Y or N) for VOA aqueous samples shall be recorded at time of sample log-in. And By	ples shall be recorded at time o	of sample log-in. A 2 SW/OR
	Other Discrepancies:	s on 8-5.09 to	to cell a bottles on 8-509 to replace 106 from 1.20.0
	Discrepancy		
	Chon receipt the samples met all of DAT's accordance criteria	DAT Business	120001
E Fecti			0.70.70

DAT SAMPLE RECEIVING

7715 Corporate Blvd. Plain City,OH 43064.

Project Number:	0709036
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•			
Date Received:	7/30/2009	Carrier:	Fed-X overnight
Client Name:	Pace Analytical Charlotte	Analysis:	Tributyltin
Tracking number:	659421887322	Package Temp:	2.3
Custody Seals ?:	No	coc:	check if COC from client

Sample Information

Client ID:	Laboratory ID	Date	Matrix:	Container:	Comment:
Marion Outfall 001 Comp 9249646001	0709036-1 A&B	7/28/2009	Liquid	Hiter Amber WM Bottle	7

Laboratory Receiving Initials

, 0709036 8/5/2009 9:28:15 AM

CHAIN-OF-CUSTODY / Analytical Request Document The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

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<i>Face Analytical</i> Client Nan	ne 🕻	XX	W_		Project # 9249444
Courier: Fed Ex 🗗 UPS 🗆 USPS 🗀 Clie	: []	Came	,	[] Date Office	
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Packing Material: Bubble Wrap Bubble			lone	\	
Thermometer Used T060	• -		لوس :		Samples on ice, cooling process has begun Date and initials of person exampling
Cooler Temperature 0.0 Temp should be above freezing to 6°C	Biolo	gical	Tissue	e is Frozen: Yes No r Comments:	contents 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Chain of Custody Present:	Pres	□No	DNIA	1.	
Chain of Custody Filled Out:	Yes	□No	□N/A	2.	
Chain of Custody Relinquished:	Yes	□No	□n/A	3.	
Sampler Name & Signature on COC:	□усѕ	[®] □No	□N/A	4.	
Samples Arrived within Hold Time:	□Yes	□No	□n/a	5.	
Short Hold Time Analysis (<72hr):	□Yes	No	□N/A	6.	
Rush Turn Around Time Requested:	□Yes	ĭ No	□n/a	7.	
Sufficient Volume:	Yes	□No	□n/a	8.	
Correct Containers Used:	Yes	□No	□N/A	9.	and the state of the particle of the second
-Pace Containers Used:	(JYes	□No	ĎN/A	1 2 2 2 2 2	· · · · · · · · · · · · · · · · · · ·
Containers Intact:	Yes	□ No	□n/a	10	
Filtered volume received for Dissolved tests	□Yes			<u> </u>	•
Sample Labels match COC:	LXYES		□n/a	12. Did not	receive oothe for
-Includes date/time/ID/Analysis Matrix;	W			Tribut	une
If containers needing preservation have been checked.	Yes	□No	□n/A	13.	U.
If containers needing preservation are found to be in impliance with EPA recommendation.	Yes	□No	□n/a		
ceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	□Yes	□No		Initial when completed	
amples checked for dechlorination:	Yes	□No	□N/A	14.	
eadspace in VOA Vials (>6mm):	□Yes	[₽No	□n/a	15.	
ip Blank Present:	□Yes	□No	, DANIA	16.	
ip Blank Custody Seals Present	□Yes	□No	6 _{N/A}		
ce Trip Blank Lot # (if purchased): N/A			· ————		
ent Notification/ Resolution:	,,, ,				Field Data Required? Y / N / N/A
Person Contacted:			Date/	Time:	
omments/ Resolution:			•		
,				•	
	·				

v: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR ification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)



Pace Analytical Services, Inc. 2225 Riverside Dr. Asheville, NC 28804 (828)254-7176 Pace Analytical Services, Inc. 9800 Kincey Ave. Suite 100 Huntersville, NC 28078 (704)875-9092

October 13, 2009

Mr. Robert Henika Olver inc 1116 South Main Street Blacksburg, VA 24060

RE: Project: Town of Marion WWTP

Pace Project No.: 9254140

Dear Mr. Henika:

Enclosed are the analytical results for sample(s) received by the laboratory on September 30, 2009. The results relate only to the samples included in this report. Results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Inorganic Wet Chemistry and Metals analyses were performed at our Pace Asheville laboratory and Organic testing was performed at our Pace Huntersville laboratory unless otherwise footnoted. All Microbiological analyses were performed at the laboratory where the samples were received.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Kevin Herring

Kain Slern

kevin.herring@pacelabs.com Project Manager

Enclosures

cc: Ms. Sandra Warner, Olver, Inc.





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CERTIFICATIONS

Project:

Town of Marion WWTP

Pace Project No.:

9254140

Charlotte Certification IDs

West Virginia Certification #: 357 Virginia Certification #: 00213 Connecticut Certification #: PH-0104 Florida/NELAP Certification #: 884 Louisiana/LELAP Certification #: 04034 New Jersey Certification #: NC012 North Carolina Drinking Water Certification #: 37706 North Carolina Field Services Certification #: 5342 North Carolina Wastewater Certification #: 12 Pennsylvania Certification #: 68-00784 South Carolina Certification #: 990060001 South Carolina Drinking Water Cert. #: 990060003 Tennessee Certification #: 04010

Asheville Certification IDs

West Virginia Certification #: 356
Florida/NELAP Certification #: E87648
Louisiana/LELAP Certification #: 03095
Massachusetts Certification #: M-NC030
New Jersey Certification #: NC011
North Carolina Bioassay Certification #: 9
Connecticut Certification #: PH-0106

North Carolina Wastewater Certification #: 40 Pennsylvania Certification #: 68-03578 South Carolina Bioassay Certification #: 99030002 South Carolina Certification #: 99030001 Tennessee Certification #: 2980 Virginia Certification #: 00072 North Carolina Drinking Water Certification #: 37712





Pace Analytical Services, Inc.

2225 Riverside Dr. Asheville, NC 28804

(828)254-7176

Pace Analytical Services, Inc.

9800 Kincey Ave. Suite 100 Huntersville, NC 28078

(704)875-9092

SAMPLE SUMMARY

Project:

Town of Marion WWTP

Pace Project No.:

9254140

Lab ID	Sample ID	Matrix	Date Collected	Date Received
9254140001	GRAB	Water	09/29/09 08:30	09/30/09 08:00





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SAMPLE ANALYTE COUNT

Project:

Town of Marion WWTP

Pace Project No.:

9254140

Lab ID	Sample ID	Method	Analysts	Analytes Reported
9254140001	GRAB	EPA 8260	AW	6
		SM 4500-CN-E	LEP	1





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ANALYTICAL RESULTS

Project:

Town of Marion WWTP

Pace Project No.: 9254140

Sample: GRAB	Lab ID:	9254140001	Collecte	d: 09/29/09	08:30	Received: 09	9/30/09 08:00 M	atrix: Water	
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Low Level	Analytica	al Method: EPA t	3260						
m&p-Xylene	ND	ug/L	2.0	0.66	1		10/03/09 05:28	1330-20-7	
o-Xylene	ND	ug/L	1.0	0.23	1		10/03/09 05:28	95-47-6	
4-Bromofluorobenzene (S)	99	%	87-109		1		10/03/09 05:28	460-00-4	
Dibromofluoromethane (S)	106	%	85-115		1		10/03/09 05:28	1868-53-7	
1,2-Dichloroethane-d4 (S)	116	%	79-120		1		10/03/09 05:28	17060-07-0	
Toluene-d8 (S)	109	%	70-120		1		10/03/09 05:28	2037-26-5	
4500CNE Cyanide, Total	Analytica	al Method: SM 4	500-CN-E						
Cyanide	ND :	mg/L	0.0050	0.0050	1		10/12/09 15:00	57-12-5	

Date: 10/13/2009 09:18 AM





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QUALITY CONTROL DATA

Project:

Town of Marion WWTP

Pace Project No.:

9254140

QC Batch:

MSV/8521

QC Batch Method: EPA 8260

Analysis Method:

EPA 8260

Analysis Description:

8260 MSV Low Level

Associated Lab Samples: METHOD BLANK: 344888

9254140001

Associated Lab Samples: 9254140001

Matrix: Water

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
m&p-Xylene	ug/L	ND	2.0	10/03/09 03:53	
o-Xylene	ug/L	ND	1.0	10/03/09 03:53	
1,2-Dichloroethane-d4 (S)	%	108	79-120	10/03/09 03:53	
4-Bromofluorobenzene (S)	%	101	87-109	10/03/09 03:53	
Dibromofluoromethane (S)	%	101	85-115	10/03/09 03:53	
Toluene-d8 (S)	%	99	70-120	10/03/09 03:53	

LABORATORY CONTROL SAMPLE:	344889					
Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
m&p-Xylene	ug/L	100	98.3	98	82-127	
o-Xylene	ug/L	50	55.2	110	83-124	
1,2-Dichloroethane-d4 (S)	%			108	79-120	
4-Bromofluorobenzene (S)	%			111	87-109	S 0
Dibromofluoromethane (S)	%			108	85-115	
Toluene-d8 (S)	%			105	70-120	





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QUALITY CONTROL DATA

Project:

Town of Marion WWTP

Pace Project No.:

9254140

Parameter

Parameter

Parameter

QC Batch: QC Batch Method: WETA/6011

SM 4500-CN-E

Analysis Method:

SM 4500-CN-E

Analysis Description:

4500CNE Cyanide, Total

Associated Lab Samples: METHOD BLANK: 349408

9254140001

Matrix: Water

Associated Lab Samples:

9254140001

Blank

Result

Reporting Limit

Analyzed

Qualifiers

Cyanide

Cyanide

Cyanide

Cyanide

Cyanide

Cyanide

mg/L

ND

0.0050 10/12/09 14:47

LABORATORY CONTROL SAMPLE:

349409

Units

Units

Units

Spike Conc.

LCS Result

ND

LCS % Rec % Rec Limits

Qualifiers

MATRIX SPIKE SAMPLE:

349410

mg/L

9254597001 Result

.1

Spike Conc.

.1

.1

ND

ND

0.11

MS Result

0.11

0.17

110

MS % Rec

109

166

20

20

80-120

% Rec Limits

75-125

75-125 M0

Qualifiers

MATRIX SPIKE SAMPLE:

349414

mg/L

Parameter Units mg/L

9254216001 Result

Spike Conc.

MS Result

MS % Rec % Rec Limits

Qualifiers

SAMPLE DUPLICATE: 349413

Parameter

9254616001 Units Result

Units

ND

ND

ND

Dup Result

RPD

Max RPD

Qualifiers

Parameter

SAMPLE DUPLICATE: 349415

mg/L

mg/L

9254112004 Result

Dup Result

RPD

Max RPD

Qualifiers

Date: 10/13/2009 09:18 AM

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full, without the written consent of Pace Analytical Services, Inc..





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QUALIFIERS

Project:

Town of Marion WWTP

Pace Project No.:

9254140

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

Pace Analytical is NELAP accredited. Contact your Pace PM for the current list of accredited analytes.

U - Indicates the compound was analyzed for, but not detected.

ANALYTE QUALIFIERS

M0 Matrix spike recovery and/or matrix spike duplicate recovery was outside laboratory control limits.

S0 Surrogate recovery outside laboratory control limits.



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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project:

Town of Marion WWTP

Pace Project No.:

9254140

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
9254140001	GRAB	EPA 8260	MSV/8521		
9254140001	GRAB	SM 4500-CN-E	WETA/6011		

Date: 10/13/2009 09:18 AM

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Pace Project No./ Lab I.D. (N/A) DRINKING WATER 1329173 SAMPLE CONDITIONS OTHER (N/N) Custody Sesied Coole L Ice (Y/N) Received on GROUND WATER Residual Chlorine (Y/N) 930180013c Temp in °C age: REGULATORY AGENCY Requested Analysis Filtered (Y/N) TAKE STATE: Site Location NPDES DATE UST 30/10 14 Das ACCEPTED BY / AFFILIATION TN/A LizeT sisylenA Methanol Other 7-007 Preservatives _EO_SS_SeN HOBN HCI Avoice Information: HNO Company Name: Pace Quote
Reference:
Pace Project
Manager:
Pace Profile #: 9:00 ^bOS^ZH Section C TIME Unpreserved Address: # OF CONTAINERS SAMPLER NAME AND SIGNATURE SAMPLE TEMP AT COLLECTION F DATE TIME COMPOSITE END/GRAB Day EASIER TOWNOF MATE DATE 5 5 6 6 COLLECTED RELINQUISHED BY / AFFILIATION TIME COMPOSITE START DATE Required Project Information: ORIGINAL PH 4.8 **U**U (G≈GRAB C=COMP) SAMPLE TYPE Purchase Order No.: (see valid codes to left) Project Number: MATRIX CODE Project Name: Section B Report To: Capy To: DW WP OF P WW TS Matrix Codes Drinking Water Water Waste Water Product Soil/Solid Oil Wipe Air Tissue Other ADDITIONAL COMMENTS (A-Z, 0-9 / ,-) Sample IDs MUST BE UNIQUE SAMPLE ID Fax: Required Client Information Section A Required Client Information: Requested Due Date/TAT: Section D Company: Address: Email To: Pone: ITEM # 10 11 12 **~**] 3 4 3 g ~ တ

(MM/DD/YY): 9-19-09

PRINT Name of SAMPLER:

SIGNATURE of SAMPLE

'Impartant Note; By signing this form you are accepting Para's NET 3n day novemen

Sample Condition Upon Receipt Pace Analytical Client Name: Marion Project # 9254276 Courier: ☐ Fed Ex ☑ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace Other Cotional

	:	
Courier: Fed Ex UPS UPS USPS Cli	ent Commercia	
Custody Seal on Cooler/Box Present:	•	Is intact: yes no Proj Name N/A
Packing Material: 🔲 Bubble Wrap 🔲 Bubbl	e Bags None	Other
Thermometer Used T060	Type of Ice: (W	
Cooler Temperature 20	Biological Tissu	e is Frozen: Yes No N/A Date and Initials of person examining contents:
Temp should be above freezing to 6°C	<i>-</i>	Comments:
Chain of Custody Present:	Yes ONO ON	4 1.
Chain of Custody Filled Out:	TYes ONO ONA	1218 UOU
Chain of Custody Relinquished:	OYes ONO ON	4 3.
Sampler Name & Signature on COC:	Dres Ono Oni	A 4.
Samples Arrived within Hold Time:	Yes ONO ON	A 5.
Short Hold Time Analysis (<72hr):	□Yes 10No □N/	4 6.
Rush Turn Around Time Requested:	□Yes QNo □NI	7.
Sufficient Volume:	Qxes □No □N//	8
Correct Containers Used:	DYes ONO ONIA	9.
-Pace Containers Used:	MYes DNo DN/A	<u> </u>
Containers Intact:	Yes ONO ON	10.
Filtered volume received for Dissolved tests	DYes DNg MNIA	11.
Sample Labels match COC:	AMES DENO DINIA	12 Name on both town of
-Includes date/time/ID/Analysis Matrix:		marion simples 464 800
All containers needing preservation have been checked.	ØYes ONO ONA	13 Perhaps CM, 80100
All containers needing preservation are found to be in compliance with EPA recommendation.	ZYes DNo DN/A	MOthing man tool Docor
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	□Yes □No	Initial when completed
Samples checked for dechlorination;	Yes No ZNIA	14.
Headspace in VOA Vials (>6mm):	□Yes ØNo □N/A	15.
Trip Blank Present:	□Yes □No ØNIA	16.
Trip Blank Custody Seals Present	OYES ONO ONIA	
Pace Trip Blank Lot # (if purchased): N/A	•	
Client Notification/ Resolution:		Field Data Required? Y / N / N/A
•	NET Date	Time: politoe, 1035
Comments/ Resolution:		and the second s
	ride + 8	HOD on these samples
7		3,14,0
Project Manager Review:	H	Date: 10/1/00
FTOJECT Manager Neview.	2	Date: 101009

VPDES PERMIT APPLICATION ADDENDUM

1.	Entity to whom the permit is to be issued: Town of MARTON VR.
	Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2.	Is this facility located within city or town boundaries? Y
3.	Provide the tax map parcel number for the land where the discharge is located.
4.	For the facility to be covered by this permit, how many acres will be disturbed during the next fine years due to new construction activities?
5.	What is the design average effluent flow of this facility? 3,4 MGD For industrial facilities, provide the max. 30-day average production level, include units:
	In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y N If "Yes", please identify the other flow tiers (in MGD) or production levels:
	Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
6.	Nature of operations generating wastewater:
	60 % of flow from domestic connections/sources Number of private residences to be served by the treatment works:
	40 % of flow from non-domestic connections/sources
7.	Mode of discharge:ContinuousIntermittentSeasonal Describe frequency and duration of intermittent or seasonal discharges:
3.	Identify the characteristics of the receiving stream at the point just above the facility's discharge point: Permanent stream, never dry
	Intermittent stream, usually flowing, sometimes dry Ephemeral stream, wet-weather flow, often dry
	Effluent-dependent stream, usually or always dry without effluent flow Lake or pond at or below the discharge point Other:
).	Approval Date(s): O & M Manual 12/1993 Sludge/Solids Management Plan 7/2006
	Have there been any changes in your operations or procedures since the above approval dates? Y

VIRGINIA DEQ NO EXPOSURE CERTIFICATION FOR EXCLUSION FROM VPDES STORM WATER PERMITTING $^{\rm JAN}~0.5~2011$

Submission of this No Exposure Certification constitutes notice that the entity identified below does not require permit authorization for its storm water discharges associated with industrial activity under the VPDES Permit Program due to the existence of a condition of No Exposure.

A condition of **No Exposure** exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in storm water discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the No Exposure exclusion. In addition, the exclusion from VPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the No Exposure exclusion.

By signing and submitting this No Exposure Certification form, the entity below is certifying that a condition of No Exposure exists at its facility or site, and is obligated to comply with the terms and conditions at 9 VAC 25-31-120 E (the VPDES Permit Regulation).

Please Type or Print All Information. ALL INFORMATION ON THIS FORM MUST BE PROVIDED. **Facility Owner Information** OF MARTON VA. Zip:_<u>24354</u> State: VA. Phone: 276-783-4113 2. Facility/Site Location Information MARTON VA. WASTEWATER TREATMENT PLANT State: VA Latitude: 36D 49M 215 Longitude: 81 D 33M No 🖭 3. Was the facility or site previously covered under a VPDES storm water permit? Yes 🔲 If "Yes", enter the VPDES permit number: 4. SIC/Activity Codes: Secondary (if applicable): Primary: 5. Total size of facility/site associated with industrial activity: 6. Have you paved or roofed over a formerly exposed pervious area in order to qualify for the No Exposure No 🖼 exclusion? Yes 🔲 if "Yes", please indicate approximately how much area was paved or roofed. Completing this question does not disqualify you for the No Exposure exclusion. However, DEQ may use this information in considering whether storm water discharges from your site are likely to have an adverse impact on water quality, in which case you could be required to obtain permit coverage. Less than one acre One to five acres More than five acres

7. Exposure Checklist Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? (Please check either "Yes" or "No" in the appropriate box.) If you answer "Yes" to any of these questions (1) through (11), you are not eligible for the No Exposure exclusion. Yes No Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to storm water Materials or residuals on the ground or in storm water inlets from spill/leaks Materials or products from past industrial activity Material handling equipment (except adequately maintained vehicles) Materials or products during loading/unloading or transporting activities Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to storm water does not result in the discharge of pollutants) Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers Materials or products handled/stored on roads or railways owned or maintained by the discharger Waste material (except waste in covered, non-leaking containers [e.g., dumpsters]) Application or disposal of process wastewater (unless otherwise permitted) Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the storm water outflow 8. Certification Statement I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of no exposure and obtaining an exclusion from VPDES storm water permitting; and that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 9 VAC 25-31-120 E 2). I understand that I am obligated to submit a No Exposure Certification form once every five years to the Department of Environmental Quality and, if requested, to the operator of the local MS4 into which this facility discharges (where applicable). I understand that I must allow the Department, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under a VPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly involved in gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Print Name: Print Title: Signature:

For Department of Environmental Quality Use Only

Date:

Accepted/Not Accepted by:

Date:

TOWN OF MARION

P. O. BOX 1005 138 WEST MAIN STREET MARION, VA 24354

Phone: 276-783-4113

Fax: 276-783-8413 www.marionva.ora

COUNCIL:

David P. Helms, Mayor Bill Weaver

Suzanne Jennings Mel Leaman James L. Gates, D.D.S. Mark Warren



January 3, 2011

Jane Hale

Ken Heath

Received

JAN 05 2011

DEQ-SWRO

Jason McCroskey Va. DEQ **SWRO**

The Town of Marion Wastewater Treatment Plant is submitting its application for a new license to operate, including the attached Sludge application permit. There are no significant changes to the current Sewage Sludge Disposal Plan; Addendum #1 dated July 2006. The same site plan and haul routes are to be used and are already on file with your office. The only change occurred in 2010, with the change of one field from corn to hay.

The Town will continue to operate under the current disposal plan, and will only make changes to the nutrient management plan in June of 2011 to reflect changes from corn to hay in the other approved fields.

If you have any questions, feel free to contact me.

Douglas L. Teaster **Chief Operator** Town of Marion WWTP 276-782-8495



Cecil Hicks, Asst. Town Manager/Town Engineer Michael D. Roberts, Chief of Police Jack Perry, Director of Public Works Dixie O. Sheets, Dir. Of Finance/Town Clerk Samuel C. Wagner, Recreation Director



SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? Yes _No

Will this facility derive a material from sewage sludge? Yes _No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? Yes _No
Will sewage sludge from this facility be applied to the land? Yes _No

If you answered Yes to either, answer the following three questions:

If you answered No to both questions above, skip Section C.

- a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?

 Yes _No
- b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No
- c. Will sewage sludge from this facility be sent to another facility for treatment or blending? _Yes _No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _Yes _No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: TOWN OF MARTON SECTION A. GENERAL INFORMATION

VPDES PERMIT NUMBER:

All applicants must complete this section.

1.	Facil	ity Information.
	a.	Facility name: Town of MARION W.W.T.P.
	b.	Contact person: Douglas L. TEASIER
		Title: Chief Openator
		Phone: (376) 782-8495
	c.	Mailing address:
		Street or P.O. Box: P.D. Box 1005
		City or Town: MARTON State: VA. Zip: 24354
	đ.	Facility location:
		Street or Route #: 1580 DATSY LANE
		County: Smyth
		City or Town: MARTON State: VA. Zip: 24354
	e.	Is this facility a Class I sludge management facility?YesNo
	f.	Facility design flow rate:mgd
	g.	Total population served: 2,930
	h.	Indicate the type of facility:
		✓ Publicly owned treatment works (POTW)
		Privately owned treatment works
		Federally owned treatment works
		Blending or treatment operation
		Surface disposal site
		Other (describe):
2.	Appli	cant Information. If the applicant is different from the above, provide the following:
	a.	Applicant name: Town of MARION
	b.	Mailing address: P.O. Box 1005
		Street or P.O. Box:
		City or Town: MARION State: UR Zip: 24354
	C.	Contact person: Douglas L. TeasTer
		Title: ChiEF Operator
		Phone: (270, 782 - 8485
	d.	Is the applicant the owner or operator (or both) of this facility?
		owneroperator
	e.	Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
		facility applicant
_		
3.	Permi	t Information.
	a.	Facility's VPDES permit number (if applicable): VACOS6304
	b.	List on this form or an attachment, all other federal, state or local permits or construction approvals received
		or applied for that regulate this facility's sewage sludge management practices:
		Permit Number: Type of Permit:
4.	India	Country Dogg any generation treatment storage and in the 1 day 1 day 1
4.	HIUIAI footis	Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this y occur in Indian Country?YesNo If yes, describe:
	iacill	y occur in findian country? res 👱 no it yes, describe:

FACILITY NAME: TOWN OF MARION

VPDES PERMIT NUMBER

- Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
 - a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
- 6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7.	Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?YesNo					
	If yes, provide the following for each contractor (attach additional pages if necessary).					
	Name:					
	Mailing address:					
	Street or P.O. Box:					
	City or Town: State: Zip:					
	Phone: ()					
	Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:					

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium		1		
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9.	Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
	Section A (General Information) Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge) Section C (Land Application of Bulk Sewage Sludge) Section D (Surface Disposal)

VA 0086 304 VPDES PERMIT NUMBER:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Signature

ate Signe

Telephone number

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: TOWN OF MARTON W.W.T.P. VPDES PERMIT NUMBER: SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION VA 00 86/304 OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage studge or derives a material from sewage studge

	Amount Generated On Site. Total dry metric tons per 365-day period generated at your facility: 150 dry metric tons
Ć	Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or lisposal, provide the following information for each facility from which sewage sludge is received. If you receive ewage sludge from more than one facility, attach additional pages as necessary.
a	·
b	Title:
	Phone ()
c	4 6 199 1 1 1
	Street or P.O. Box;
	City or Town: State: Zip:
d	•
	(not P.O. Box)
e	Total dry metric tons per 365-day period received from this facility: dry metric tons
f	
	facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
7	reatment Provided at Your Facility.
а	Class A Class B Neither or unknown
b	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: ANERODIC DIGESTION OF STUDGEFOR ATTERST IS DAYS AT 35°C A MIN OF 2 CON REDUCTION OF FECAL CONFORM.
c	. Which vector attraction reduction option is met for the sewage sludge at your facility?
	Option 1 (Minimum 38 percent reduction in volatile solids)
	Option 2 (Anaerobic process, with bench-scale demonstration)
	Option 3 (Aerobic process, with bench-scale demonstration)
	Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
	Option 5 (Aerobic processes plus raised temperature)
	Option 6 (Raise pH to 12 and retain at 11.5)
	Option 7 (75 percent solids with no unstabilized solids)
	Option 8 (90 percent solids with unstabilized solids) None or unknown
d	
u	vector attraction properties of sewage sludge: ANERODIC DIGESTEN OF Sludge To
	REDUCE VOLITIES OF SWAGE STUDENT FIGURES OF STORGE TO
е	
	blending, not identified in a - d above: NA
n	romantian of Carrens Chulas Mastine Calling and Balletest Consequent and Charlet Bull. D. 1
	reparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One f Vector Attraction Reduction Options 1-8 (EQ Sludge).
	f sewage studge from your facility does not meet all of these criteria, skip Question 4.)
a	
	dry metric tons
b	· · · · · · · · · · · · · · · · · · ·

5.	Sale	OF Give-Away in a Bag or Other Container for Application to the Land. VPDES PERMIT NUMBER VA 0066304
		plete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this
		on if sewage sludge is covered in Question 4.) N/H
	a.	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility
	h	for sale or give-away for application to the land: dry metric tons Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or
	b.	given away in a bag or other container for application to the land.
5.		nent Off Site for Treatment or Blending. N/A
		plete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question
		ot apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is
		ed in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.) Receiving facility name:
	a. b.	Facility contact:
	U.	Title:
		Phone: ()
	c.	Mailing address:
	• •	Street or P.O. Box:
		City or Town: State: Zip:
	d.	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: dry
	ч.	metric tons
	e.	List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of
	••	all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal
		practices:
		Permit Number: Type of Permit:
	f.	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your
	1.	facility?YesNo
		Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
		Class AClass BNeither or unknown
		Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to
		reduce pathogens in sewage sludge:
	_	
	g.	Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?YesNo
		Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
		Option 1 (Minimum 38 percent reduction in volatile solids)
		Option 2 (Anaerobic process, with bench-scale demonstration)
		Option 3 (Aerobic process, with bench-scale demonstration)
		Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
		Option 5 (Aerobic processes plus raised temperature)
		Option 6 (Raise pH to 12 and retain at 11.5)
		Option 7 (75 percent solids with no unstabilized solids)
		Option 8 (90 percent solids with unstabilized solids)
		None unknown
		Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to
		reduce vector attraction properties of sewage sludge:
	h.	Does the receiving facility provide any additional treatment or blending not identified in f or g above?
	•••	YesNo
		If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
		, , End of the state of
	:	If you considered to the control of
	i.	If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
		TO TOWARD THE REPORT WAS A COURSELY MICHIGANION TO A COUNTRICATION OF A VAIC 45"31"51"51", C.

FACIL	ITY NA	ME: TOWN OF MARTON W.W.T.P VPDES PERMIT NUMBER:				
	j	Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?YesNo				
		If yes, provide a copy of all labels or notices that accompany the product being sold or given away.				
	k.	Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to				
		transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.				
7.		pplication of Bulk Sewage Sludge. te Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or				
		ete Question 7.5, c & d only if you are responsible for land application of sewage sludge.)				
	a.	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites 20/50 dry metric tons				
	b.	Do you identify all land application sites in Section C of this application? Y YesNo				
		If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).				
	C,	Are any land application sites located in States other than Virginia?YesNo				
		If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.				
	d.	Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).				
		may be obtained in Appendix 14).				
8.	Surface Disposal. N/A					
	(Comple	te Question 8 if sewage sludge from your facility is placed on a surface disposal site.)				
	a.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons				
	b.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo				
		If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.				
	c.	Site name or number:				
	d.	Contact person:				
		Title:				
		Phone: () Contact is:Site OwnerSite operator				
	e.	Mailing address.				
	•	Street or P.O. Box:				
		City or Town: State: Zip:				
	f.	Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons				
	g.	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:				
		Permit Number: Type of Permit:				
9.		tion. N/A				
		Total dry mother tone non 365 day posied of sayone sludge incinerator.)				
	a.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons				

VA 0086304 VPDES PERMIT NUMBER:

FACII	JTY NA	AME: JOHN OF MARION WUTP VPDES PERMIT NUMBER:
111011	b.	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
		YesNo .
		If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send
		sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
	c.	Incinerator name or number:
	d.	Contact person:
		Title:
		Phone: ()
		Contact is:Incinerator OwnerIncinerator Operator
	e.	Mailing address.
		Street or P.O. Box:
		City or Town: State: Zip:
	f.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge
		incinerator: dry metric tons
	g.	List on this form or an attachment the numbers of all other federal, state or local permits that regulate the
	_	firing of sewage sludge at this incinerator:
		Permit Number: Type of Permit:
10.	-	sal in a Municipal Solid Waste Landfill. NA
		ete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information
		n municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one
		pal solid waste landfill, attach additional pages as necessary.)
	a. L	Landfill name:
	b.	Contact person:
		Title:
		Phone: ()
	_	Contact is:Landfill OwnerLandfill Operator
	C.	Mailing address. Street or P.O. Box:
		City or Town: State: Zip:
	đ.	Landfill location.
	u.	Street or Route #:
		County:
		· · · · · · · · · · · · · · · · · · ·
		City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
	e.	dry metric tons dry metric tons
	f.	
	1,	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
		·
		Permit Number: Type of Permit:
	g.	Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9
	۶.	VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
		Yes No
	h.	Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid
	31.	Waste Management Regulation, 9 VAC 20-80-10 et seq.?Yes No
	i.	Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill
	1.	be watertight and covered? Yes No
		Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week
		and time of the day sewage sludge will be transported.
		and time of the day sewage studge will be transported.

VA DOB630⁻¹ VPDES PERMIT NUMBER:

Complete this section for sewage sludge that is land applied unless any of the following conditions apply:

The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one of the vector attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or

The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or

You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in B.7 is land applied.

1.	Ident	ification of Land Application Site.
	a.	Site name or number: SCOTT WADDIE FARM
	b.	Site location (Complete i and ii)
		i. Street or Route#: 326 Long Hollow Road County: 5my4h
		County: Smyth City or Town: Saltville State: VA. Zip: 24370 ii. Latitude: Longitude:
		City or Town! SALTVILL State: VA. Zip: Q4370
		ii. Latitude: Longitude:
		Method of latitude/longitude determination
		USGS map Filed survey Other
	c.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable)
		that shows the site location.
2.	Owne	er Information.
	a.	Are you the owner of this land application site?YesNo
	b.	If no, provide the following information about the owner:
		Name: SCOT LANT
		Street or P.O. Box: 326 Love Hollow ROAD
		Street or P.O. Box: 326 Long Hollow ROAD City or Town: SAHUILE State: VA. Zip: 24370
		Phone: (274) 782-6191
3.	Annli	er Information:
٠.	a.	Are you the person who applies, or who is responsible for application of, sewage sludge to this land
		application site?Yes Vo
	b.	If no, provide the following information for the person who applies the sewage sludge: Name: SEOT WADDE
		Street or P.O. Box: 326 Lang Hollow ROAD City or Town: Saltville State: VA. Zip: 24370
		City or Town: Spaltuille State: VA. Zip: 24370
		Phone: (276) 702-6191
	c.	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person
		who applies sewage sludge to this land application site:
		Permit Number: Type of Permit:
1.	Site T	ype. Identify the type of land application site from among the following:
		ricultural landReclamation siteForest
		blic contact siteOther. Describe
5.	Vecto	F Attraction Reduction.
•		ny vector attraction reduction requirements met when sewage sludge is applied to the land application site?
		es No If yes, answer a and b.
	a.	Indicate which vector attraction reduction option is met:
		Option 9 (Injection below land surface)
		Option 10 (Incorporation into soil within 6 hours)
	b.	Describe, on this form or on another sheet of paper, any treatment processes used at the land application site
		to reduce the vector attraction properties of sewage sludge:
		ttttt

FACILITY NAME: TOWN OF MARTON WWTP Cumulative Loadings and Remaining Allotments.

VPDES	S PERMIT	NU.	MBEI	R:
VA	00863	04		

		ete Question 6 only if the sewage sludge applied to this site since July 20, 1993 is subject to the cumulative pollutant loading rates i) - see instructions.)
	a.	Have you contacted DEQ or the permitting authority in the state where the sewage sludge subject to the CPLRs will be applied to ascertain whether bulk sewage sludge subject to the CPLRs has been applied to this site since July 20, 1993?YesNo
		If no, sewage sludge subject to the CPLRs may <u>not</u> be applied to this site.
		If yes, provide the following information:
		Permitting authority:
		Contact person:
		Phone:()
	b.	Based upon this inquiry, has bulk sewage sludge subject to the CPLRs been applied to this site since July 20,
		1993?YesNo If no, skip the rest of Question 6. If yes, answer questions c - e.
	c.	Site size, in hectares: (one hectare = 2.471 acres)
	d.	Provide the following information for every facility other than yours that is sending or has sent sewage sludge
		subject to the CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to
		this site, attach additional pages as necessary.
		Facility name:
		Facility contact:
		Title:
		Phone: ()
		Mailing address.
		Street or P.O. Box:
		City or Town: State: Zip:
	ę.	Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:
		Cumulative loading Allotment remaining
		Arsenic
		Cadmium
		Copper
		Lead
		Mercury
		Nickel
		Selenium
		Zinc
Compl	ete Question	is 7-12 below only if you apply sewage sludge, or you are responsible for land application of sewage sludge. Information required
		may be prepared as attachments to this form. Skip the following questions if you contract land application to someone else (as ction A.7) who is responsible for the operation.
7.	Sludge parame	Characterization. Use the table below or a separate attachment, provide at least one analysis for each ster. SEE ATTACHMENT
		PCBs (mg/kg)
		pH (S. U.)
		Percent Solids (%)

Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO₃.

Ammonium Nitrogen (mg/kg) Nitrate Nitrogen (mg/kg) Total Kjeldahl Nitrogen (mg/kg) Total Phosphorus (mg/kg) Total Potassium (mg/kg) Alkalinity as CaCO₃ (mg/kg)

8.	Stora	ge Requir		
			roposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis	
			such factors as storage capacity, sludge production and land application schedule. Include pertinent	
			stifying storage requirements.	
	Propo		ge storage facilities must also provide the following information:	
	a.		dge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show	
			llowing topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the	
			rty line.	
		1)	Water wells, abandoned or operating	
		2)	Surface waters	
		3)	Springs	
		4)	Public water supply(s)	
		5)	Sinkholes	
		6)	Underground and/or surface mines	
		7)	Mine pool (or other) surface water discharge points	
		8)	Mining spoil piles and mine dumps	
		9)	Quarry(s)	
		10)	Sand and gravel pits	
		11)	Gas and oil wells	
		12)	Diversion ditch(s)	
		13)	Agricultural drainage ditch(s)	
		14)	Occupied dwellings, including industrial and commercial establishments	
		15)	Landfills or dumps	
		16)	Other unlined impoundments	
		17)	Septic tanks and drainfields	
		18)	Injection wells	
	h	19)	Rock outcrops	
	b.	_	ographic map of sufficient detail to clearly show the following information:	
		1)	Maximum and minimum percent slopes	
		2)	Depressions on the site that may collect water	
		3)	Drainageways that may attribute to rainfall run-on to or runoff from this site	
		4)	Portions of the site (if any) which are located with the 100-year floodplain and how the storage facility will be protected from flooding	
		Doto	·	
	C.		and specifications for the storage facility lining material. Indicross-sectional views of the storage facility.	
	d.		· · · · · · · · · · · · · · · · · · ·	
	e.	_	from the bottom of the storage facility to the seasonal high water table and separation distance to the ment water table.	
) <u>.</u>	Land	Area Reg	uirements. Provide calculations justifying the land area requirements for land application of sewage	
	sludge	e taking ii	nto consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the	
			specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal	
	loadir	igs (CPLI	R sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the	
	most	limiting fa	actor for land application. NUTRIENT WANAGEMENT PLANIN DE	
		_	FILE	y
0.	Lando	owner Ag	reement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached)	
	for ea	ch landov	wner if sewage sludge is to be applied onto land not owned by the applicant. At TACNED	
1.			Monitoring.	
			d water monitoring data available for this land application site?YesNo	
	If yes well l	, submit tl ocations,	he ground water monitoring data with this permit application. Also submit a written description of the approximate depth to ground water, and the ground water monitoring procedures used to obtain these	

(Complete Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency of once in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage sludge in excess of 70%

Land Application Site Information.

the agronomic rate at a frequency greater than once in a 3 year period)

data.

12.

Complete	The sewa of the vec The sewa	n for sewage sludge that is land applied unless any of the following conditions apply: ge sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements and one tor attraction reduction options 1-8 (fill out B.4 instead) (EQ Sludge); or ge sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or ide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).
Complete		for every site on which the sewage sludge that you reported in B.7 is land applied.
1.	Identific	まtion of Land Application Site. 米 Site NOT USED Since 2005
••	a.	Site name or number: William MEEK FARM
	ь.	Site location (Complete i and ii)
		i. Street or Route#: 110 MEEK LANE
		County: Smyth
		City or Town: SUMP CRAUP State: UA Zip: 24375
		County: Smyth City or Town: SuperGroup State: UA Zip: 24375 ii. Latitude: Longitude:
		Method of latitude/longitude determination
		USGS map Filed survey Other
	c.	Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable)
		that shows the site location.
2.	Owner I	nformation.
_,	a.	Are you the owner of this land application site?YesYe
	b.	If no, provide the following information about the owner:
		Name: William MEEK
		Street or P.O. Box: 10 MEEK LANE
		Street or P.O. Box: 10 MEEK LANE City or Town: Sucar GROVE State: UA Zip: 24375
		Phone: (27) 677-8739
3.	Applier	Information:
	a.	Are you the person who applies, or who is responsible for application of, sewage sludge to this land
		application site? Yes No
	b.	If no, provide the following information for the person who applies the sewage sludge: Name: William MEEK
		Street or D.O. Povillo note VI aut
		City or Town: Super Grove State: VA. Zip: 24375
		Phone: (274) (-77 - 373)
	c.	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the person
	٠.	who applies sewage sludge to this land application site:
		Permit Number: Type of Permit:
4.	Site Txn	e. Identify the type of land application site from among the following:
••		cultural landReclamation siteForest
		c contact siteOther. Describe
5.	Vector A	Attraction Reduction.
	Are any	vector attraction reduction requirements met when sewage sludge is applied to the land application site?
		✓ No If yes, answer a and b.
	a.	Indicate which vector attraction reduction option is met:
		Option 9 (Injection below land surface)
	h	Option 10 (Incorporation into soil within 6 hours)
	b.	Describe, on this form or on another sheet of paper, any treatment processes used at the land application site to reduce the vector attraction properties of sewage sludge:

FACIL 6.		IE: Toulo oF MA ive Loadings and Remain				VPDES PERMIT NUMBER
0.	(Complete	•	_		uly 20, 1993 is subject to	the cumulative pollutant loading rates
	a.	Have you contacted DE	o ascertain w Yes <u>/</u> ject to the CI	hether bulk sewa No PLRs may <u>not</u> be	ge sludge subject to th	ewage sludge subject to the le CPLRs has been applied to this
	b. 1	1993?YesNo If			6. If yes, answer ques	
		Site size, in hectares:			(one hectare =	2.471 acres)
	e. F	subject to the CPLRs to this site, attach additional facility name: Facility contact: Fitle: Phone: () Mailing address. Street or P.O. Box: City or Town:	this site since I pages as ne	July 20, 1993. I cessary. State: t remaining, in k	f more than one such	ending or has sent sewage sludge facility sends sewage sludge to the following pollutants:
by these q	Questions 7- juestions may	12 below only if you apply so	to this form. S	r you are responsib Skip the following g	le for land application of uestions if you contract la	sewage sludge. Information required nd application to someone else (as
7.	Sludge Ch parameter.	aracterization. Use the t	able below of	r a separate attac	nment, provide at leas	t one analysis for each
	pl Pc A N Tc Tc	CBs (mg/kg) H (S. U.) ercent Solids (%) mmonium Nitrogen (mg/kg) itrate Nitrogen (mg/kg) otal Kjeldahl Nitrogen (r otal Phosphorus (mg/kg) otal Potassium (mg/kg) ikalinity as CaCO ₃ * (mg/	ng/kg)			

Lime treated sludge (10% or more lime by dry weight) should be analyzed for percent CaCO₃.

	ILITY N	NAME: TOWN OF MARTON WWTP VPDES PERMIT NUMBER: USE Requirements. NO ON SITE STORAGE. VA 0086304	
8.		ing and proposed sludge storage facilities must provide an estimated annual sludge balance on a monthly basis	
	EXIST	porating such factors as storage capacity, sludge production and land application schedule. Include pertinent	
		lations justifying storage requirements.	
-	-	osed sludge storage facilities must also provide the following information:	
	a.	A sludge storage site layout on a 7.5 minute topographic quadrangle or other appropriate scaled map to show	
		the following topographic features of the surrounding landscape to a distance of 0.25 mile. Clearly mark the	
		property line.	
		1) Water wells, abandoned or operating	
		2) Surface waters	
		3) Springs	
		4) Public water supply(s)	
		5) Sinkholes	
		6) Underground and/or surface mines	
		7) Mine pool (or other) surface water discharge points	
		8) Mining spoil piles and mine dumps	
		9) Quarry(s)	
		10) Sand and gravel pits	
		11) Gas and oil wells	
		12) Diversion ditch(s)	
		 13) Agricultural drainage ditch(s) 14) Occupied dwellings, including industrial and commercial establishments 	
		15) Landfills or dumps 16) Other unlined impoundments	
		·	
		18) Injection wells	
	h	19) Rock outcrops A tangement is man of sufficient datail to algority show the following information:	
	b.	A topographic map of sufficient detail to clearly show the following information: 1) Maximum and minimum percent slopes	
		 Maximum and minimum percent slopes Depressions on the site that may collect water 	
		3) Drainageways that may attribute to rainfall run-on to or runoff from this site	
2.5		4) Portions of the site (if any) which are located with the 100-year floodplain and how the storage	
		facility will be protected from flooding	
	^	Data and specifications for the storage facility lining material.	
	c. d.	Plan and cross-sectional views of the storage facility.	
		Depth from the bottom of the storage facility to the seasonal high water table and separation distance to the	
	e.	permanent water table.	
		permanent water table.	
9.	Land	Area Requirements. Provide calculations justifying the land area requirements for land application of sewage	
<i>7.</i>		e taking into consideration average soil productivity group, crop(s) to be grown and most limiting factor(s) of the	
		te sludge, specifically Plant Available Nitrogen (PAN), Calcium Carbonate Equivalence (CCE), and metal	
		gs (CPLR sewage sludge only), where applicable. Relate PAN, CCE, and metal loadings to demonstrate the	
	most l	imiting factor for land application $A = A + A + A + A + A + A + A + A + A + $	
	BIOOL I	imiting factor for land application. NUTRAENT WANAGEMENT PLAN IN DEP	D
10.		wner Agreement Forms. Provide a properly completed Sewage Sludge Application Agreement Form (attached)	
	for eac	ch landowner if sewage sludge is to be applied onto land not owned by the applicant. ATTACHED	
		The state of the s	
11.	Groun	d Water Monitoring.	
		y ground water monitoring data available for this land application site?Yes No	
		submit the ground water monitoring data with this permit application. Also submit a written description of the	
		ocations, approximate depth to ground water, and the ground water monitoring procedures used to obtain these	
	data.		
12.	Land A	Application Site Information.	
	(Comple	etc Items a-d for sites receiving infrequent application - land application of sewage sludge up to the agronomic rate at a frequency	
		in a 3 year period; complete Items a-h for sites receiving frequent application - land application of sewage studge in excess of 70%	
	enc agro	onomic rate at a frequency greater than once in a 3 year period)	

FACILITY NAME: TOWN OF MARTON WWIT

- Provide a general location map for each county which clearly indicates the location of all the land application sites. SEE ATTACHMENTS IN DEG FILE
- For each land application site provide a site plan of sufficient detail to clearly show the concerned landscape b. features and associated buffer zones (See instructions). Provide a legend for each landscape feature and the net acreage for each field taking into account the proposed buffer zones.
- In order to ensure that land application of bulk sewage sludge will not impact federally listed threatened or C. endangered species or federally designated critical habitat, the applicant must notify the field office of the U. S. Department of the Interior, Fish and Wildlife Service (FWS), by a letter, the proposed land application activities with the identification of the land application sites. The address and phone number of FWS are provided below.

U. S. Fish and Wildlife Service Virginia Field Office 6669 Short Lane Gloucester, VA 23061 TEL: (804)693-6694

Provide a copy of the notification letter with this application form.

d. Provide a soil survey map, preferably photographically based, with the field boundaries clearly marked. (A USDA-SCS soil survey map should be provided, if available.)

Provide a detailed legend for each soil survey map which uses accepted USDA-SCS descriptions of the typifying pedon for each soil series (soil type). Complex associations may be described as a range of characteristics. Soil descriptions shall include as a minimum the following information.

- 1) Soil symbol
- 2) Soil series, textural phase and slope range
- 3) Depth to seasonal high water table
- 4) Depth to bedrock
- 5) Estimated soil productivity group (for the proposed crop rotation)

Item e - h are required for sites receiving frequent application of sewage sludge

NA

- In order to verify the information provided in item d, characterize the soil at each land application site. Representative soil borings or test pits to a depth of five feet or to bedrock if shallower, are to be coordinated for the typifying pedon of each soil series (soil type). Soil descriptions shall include as a minimum the following information:
 - 1). Soil symbol
 - 2). Soil series, textural phase and slope range
 - 3). Depth to seasonal high water table
 - 4). Depth to bedrock
 - 5). Estimated soil productivity group (for the proposed crop rotation)

FACILITY NAME: TOWN OF MARION W.W.T.P.

VA 0086304 VPDES PERMIT NUMBER:

Collect and analyze soil samples from each field, weighted to best represent each of the soil borings performed for Item e. Using the table below or a separate attachment, provide at least one analysis per sample for each of the following parameters.

Soil Organic Matter (%)

Soil pH (std. units)

Cation Exchange Capacity (meq/100g)

Total Nitrogen (ppm)

Organic Nitrogen (ppm)

Ammonia Nitrogen (ppm)

Nitrate Nitrogen (ppm)

Available Phosphorus (ppm)

Exchangeable Potassium (mg/100g)

Exchangeable Sodium (mg/100g)

Exchangeable Calcium (mg/100g)

Exchangeable Magnesium (mg/100g)

Arsenic (ppm)

Cadmium (ppm)

Copper (ppm)

Lead (ppm)

Mercury (ppm)

Molybdenum (ppm)

Nickel (ppm)

Selenium (ppm)

Zinc (ppm)

Manganese (ppm)

Particle Size Analysis or

USDA Textural Estimate (%)

- g. Relate the crop nutrient needs to anticipated yields, soil productivity rating and the various fertilizer or nutrient sources from sludge and chemical fertilizers. Describe any specialized agronomic management practices which may be required as a result of high soil pH. If the sludge is expected to possess an unusually high CCE or other unusual properties, provide a description of any plant tissue testing, supplemental fertilization or intensive agronomic management practices which may be necessary.
- Using a narrative format and referencing any related charts, describe the proposed cropping system. Show
 how the crop rotation and management will be coordinated with the design of the land application system.
 Include any supplemental fertilization program, soil testing and the coordination of tillage practices, planting
 and harvesting schedules and timing of land application.

Received

TOWN OF MARION

COUNCIL:

David P. Helms, Mayor FEB 0 8 2011 Dr. James L. Gates, Vice Mayor

Jane Hale
Suzanne Jennings
Mark Warren

Bill Weaver
Mentanian
W. Eugene Hendrick



P. O. BOX 1005 138 WEST MAIN STREET MARION, VA 24354

Phone: 276-783-4113 Fax: 276-783-8413 www.marionva.org

SLUDGE LEASE APPLICATION AGREEMENT

This biosolids sludge application agreement is made on May 24, 2010 between Scott Waddle, referred to here as "landowner", and the Town of Marion, referred to here as "owner". This agreement will be for a three year period beginning June 1, 2010 and ending May 31, 2013. The owner will pay the landowner \$3,500 each year to secure this agreement. This agreement may be renewed at term and payment agreeable to both parties. This agreement will be recorded in the Smyth County Clerk of the Circuit Court's Office.

Landowner is the owner of agricultural land shown on the map attached as Exhibit A and designated there as Site #1-Waddle Site (landowner's land). Owner agrees to apply and landowner agrees to comply with certain permit requirements following application of biosolids on landowner's land in amounts and in a manner authorized by permit number VPDES#0086304 which is held by the owner.

Landowner acknowledges that the appropriate application of biosolids will be more beneficial in providing fertilizer and soil conditioning to his property. Moreover, landowner acknowledges that he has been expressly advised that, in order to protect public health:

- Public access to landowner's land upon which biosolids has been applied should be controlled for at least 30 days following any application of biosolids and no biosolids amended soil shall be excavated or removed from the site during this same period of time unless adequate provisions are made to prevent public exposure to soil, dusts or aerosols.
- 2. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after the application of biosolids. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after the application of biosolids when the biosolids remain on the land surface for a time period of four (4) or more months prior to incorporation into the soil, or 38 months when the biosolids remain on the land surface for a time period of less than four (4) months prior to incorporation. Other food crops, feed crops and fiber crops shall not be harvested for 30 days after the application of biosolids.
- 3. Following biosolids application to pasture or hayland sites, meat-producing livestock should not be grazed or fed chopped foliage for 30 days and lactating dairy animals should be similarly restricted for a minimum of 60 days. Other animals should be restricted from grazing for 30 days.



John E. B. Clark, Jr., Town Manager
Donnie Coley, Dir. Of Water & Sewer
Mindy Dyer, Senior Citizens Dir.
Mark Fenyk, Counsel
Billy Hamm, Purchasing Agent
Ken Heath, Downtown / Dir. Of Comm. & Econ. Dev.

Cecil Hicks, Asst. Town Manager/Town Engineer Michael D. Roberts, Chief of Police Jack Perry, Dir. Of Public Works Dixie O. Sheets, Dir. Of Finance/Town Clerk Samuel C. Wagner, Dir. Of Recreation



- 4. Supplemental commercial fertilizer or manure applications should be coordinated with the biosolids applications such that the total crop needs for nutrients are not exceeded as identified on the nutrient balance sheet or the nutrient management plan approved by the Virginia Department of Conservation and Recreation to be supplied to the landowner by the owner at the time of application of biosolids to a specific permitted site.
- 5. Tobacco, because it has been shown to accumulate cadmium, should not be grown on landowner's land for 3 years following the application of biosolids borne cadmium equal to or exceeding 0.45 pounds/acre (0.5 kilograms/hectare).
- 6. Turf grown on land where biosolids are applied shall not be harvested for one year after application of biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by the permitting authority.

Owner agrees to notify landowner or landowner designee of his proposed schedule for biosolids application and specifically prior to any particular application to landowner's land.

LANDOWNER:

By: AND Sadel

Mailing Address:

Scott Waddle

326 Long Hollow Road

Saltville, VA 24370

OWNER:

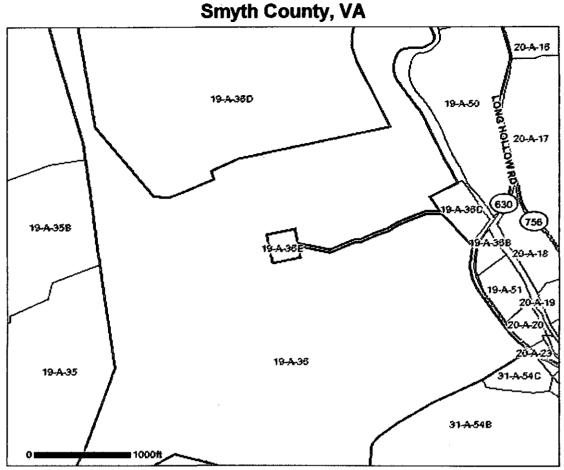
Mailing Address:

B. Clark.fr.

Town of Marion

P.O. Box 1005

Marion, VA 24354



DISCLAIMER: The information contained on this page is NOT to be construed or used as a "legal description". Map information is believed to be accurate but accuracy is not guaranteed.

Tax ID: 19-A-36

Owner Name: WADDLE JEFFREY SCOTT Owner Address: 326 LONG HOLLOW RD

City, State: SALTVILLE VA

Zip: 24370

Parcels

Acres: 426.88

Description 1: RIVER

Description 2:

Deed Book: 575

Deed Page: 1

Land Value: 782800 Land Use: 298346

Improvement Value: 29000

Sale Date: 20010821 **Sale Amount**: 660000

Other Attributes

at point 10567609, 3511238

Towns:

Zoning:

None

Name: Agricultural (A)

Received

FEB 08 2011

DEQ-SWRO

http://www.webgis.net Anderson & Associates, Inc. http://www.andassoc.com

Log Sheet __ of _____

PROFESSIONAL SERVICES

SAMPLE LOG SHEET & CHAIN OF CUSTODY

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CUSTOMER INFORMATION: Shaded Areas . LAB INFORMATION: White Areas .

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US MAIL

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OTHER

Additional P

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Temperature of Cooler upon Receipt by Lab

100

STATE/ZIP



Site Description:

ENVIRONMENTAL MONITORING, INCORPORATED

ENVIRONMENTAL CONSULTANTS ▲ ANALYTICAL LABORATORIES P.O. BOX 1190 ▲ NORTON, VIRGINIA 24273 ▲ 276/679-6544

Certificate of Analysis

Page: | of 1

Client Name: TOWN OF MARION

Address: P.O. BOX 1005

Sample Identification: DRYING BED SLUDGE

MARION, VA

24354

Report Date: 11/09/10

Lab Sample No.: 1043780

Client No.: 470

EMI Project No.: 6

Date Collected: 06/15/10

Time Collected: 1200

Sample Matrix: NAQ

Collected By: CLIENT

	Sample	***Results Report	Date	Time				
Parameter	Result	Units	MDL	RL	Method	Analyzed	Analyzed	Analyst
Alkalinity	2700	mg/kg	20.0	20.0	EPA 310.1	6/23/2010	853	JLV
Chloride, Total	57.9	mg/kg	0.152	1.00	300.0	6/30/2010	2057	AAB
Nitrate	BDL	mg/kg - N	4.00		EPA 353.3-354.1	6/22/2010	1345	TAY
рН	7.00	STD			SW846-9045	6/22/2010	1326	JLV
Phosphorus, Total	16014	mg/kg	500		EPA 365.3	6/23/2010	1230	NCC
S Percent	69.0	%	1.00		ASTM D2974-87	6/23/2010	957	JLW
Total Moisture	31.0	%	1.00		ASTM D2974-87	6/21/2010	1055	JLV
Coliform, Fecal (Dry Weight Basis)	35100	MPN/g	2.00	2.00	SM, 9221E	6/15/2010	1430	RSV
Coliform, Total (Dry Weight Basis)	234200	MPN/g	2.00		9221B	6/15/2010	1430	RSV
Arsenic, Total	0.980 J	mg/kg	0.210	3.00	SW846-6010B	6/30/2010	1057	DME
Cadmium, Total	l.81 J	mg/kg	0.050	3.00	SW846-6010B	6/30/2010	1057	DME
Chromium, Total	30.2	mg/kg	0.340	3.00	SW846-6010B	6/30/2010	1057	DME
Copper, Total	332	mg/kg	0.060	3.00	SW846-6010B	6/30/2010	1057	DME
Lead, Total	26.6	mg/kg	0.280	3.00	SW846-6010B	6/30/2010	1057	DME
Magnesium, Total	1918	mg/kg	0.540	10.0	SW846-6010B	6/30/2010	1057	DME
Manganese, Total	138	mg/kg	0.270	5.00	SW846-6010B	6/30/2010	1436	DME
Mercury, Total	1.05	mg/kg	0.0015	0.025	EPA 245.1-REV 3	37/21/2010	1035	MEC
Molybdenum, Total	5.84	ıng/kg	0.080	3.00	SW846-6010B	6/30/2010	1057	DME
Nickel, Total	14.2	mg/kg	0.110	3.00	SW846-6010B	6/30/2010	1057	DME
Potassium, Total	659	mg/kg	2.23	10.0	SW846-6010B	6/30/2010	1057	DME
Selenium, Total	5343	ug/kg	300	1500	SW846-6010B	11/4/2010	1252	JLW
Zinc, Total	858	mg/kg	0.040	3.00	SW846-6010B	6/30/2010	1057	DME

From if Available (GPM): Temp, if Available (C): Depth if Available (Ft):

Analysis Package Code: 4706.SLDGE

Type of Sample: Grab

BDL = Below Detection Limit

FLD = Field Technician

SCRLF

IV - Flag indicates Insufficient Sample Volume

J - Flag indicates estimated value below Report Limit

T - Results indicate possible toxicity which is expected to influence reported value.

NA -A result for this analyte is not available.

MI - Matrix Interference - Final result may not be representative.

8Q = Batch QC Outside Acceptable Range HE = Parameter Hold Time Exceeded FC = Failure to Comply Current SOP

R = Sample results rejected because of gross deficiencies in QC or method performance .

UNIVERSAL LABORATORIES



20 Research Drive Hampton, Va 23666

TO: ENVIRONMENTAL MONITORING, INC.

5730 Industrial Park Road

P.O. Box 1190

Va.

24273

Norton
ATTN: Donna Phillips

REPORT OF ANALYSIS PACKAGE

Order ID: 1006459

(REPORT DATE)
24-Jun-10

This report contains the analytical results for Project Id:470.6 designated as UL Order Id: 1006459 and received on Thursday, June 17, 2010 The samples were received and analyzed according to the methods listed in this report

The data in this report has been reviewed and validated by:

Cart Klanie

ANALYTICAL DATA REPORT

ORDER ID 1006459

UL Sample Number: 1006459-001

Client Sample ID: 1043780

Matrix: Sludge

Comments for 1006459-001

No comments

Site: 470.6

Grab Date/Time: 6/15/2010 12:00:0

Composite Start: N/A

Composite Stop: N/A

Collected By:

CLIENT

Parameter	Test Result	Units	MDL	RL	Analysis Date/Time	Analyst
Method:	EPA 160.4					
Total Solids-Volatile	60.4	%	0.1	0.1	6/18/2010 11:08:00	AB
Method:	SM-4500 NH3/B					
Ammonia Nitrogen	710	mg/Kg		10	6/18/2010 10:45:00	AB
Method:	SM-4500 Norg/B					
Total Kjeldahi Nitrogen (Tk	(N) 5324 5	mg/Kg		10 (8/23/2010 17:24:00	LS
Method:	SW-846 8082 A			`		
Aroclor - 1016	<	mg/Kg	0,4	1	6/23/2010 19:50:00	BD
Arodor - 1221	<	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Aroclor - 1232	<	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Aroclor - 1242	<	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Aroclor - 1248	<	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Aroclor - 1254	<	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Aroclor - 1260	<	mg/Kg	0.5	1	6/23/2010 19:50:00	8D
Araclor - 1262	<	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Aroclor - 1268	< ,	mg/Kg	0.4	1	6/23/2010 19:50:00	BD
Total Aroclors	<	mg/Kg	0.5	9	6/23/2010 19:50:00	BD

ANALYTICAL DATA REPORT

ORDER ID 1006459

Analytical Methods Reference

Description: PrepMethod: Method Reference

<u>Sludge</u>

Polychorinated Biphenyls by GC/ECD SW-848 3550 B SW-846 8082 A

Ammonia Nitrogen SM-4500 NH3/B 18th Edition

Total Kjeldshi Nikrogen EPA 351.2 SM-4500 Norg/B 18th Edition

Total Solids - Volatile EPA 180.4 40 CFR part 136 App. A

GLOSSARY OF TERMS AND ABBREVIATIONS

RL (Reporting Limit):

The RL can be raised when consideration of sample volume and matrix interferences are taken into account, generally this number is near or equal to the lowest calibration standard run with the analytical batch.

MDL (Method Detection Limit):

The constituent concentration that, when processed through the complete method, produces a signal with a 99% probability that it is different from the blank.

"<" This denotes the constituent was not detected above the RL

J=This qualifier is used to indicate an estimated value based on the measured result is outside the calibration range. In most cases the result is above calibration curve and is beyond dilution capabilities. Actual result is probably higher than estimated result given.

BaThis qualifier is used when the concentration of the sample is less than three (3) times that of what is found in the method blank. This does not necessarily indicate that there is a contamination problem, but should be interpreted that the level found in the sample is inconsequential.

NR=This qualifier indicates that there was NO RESULT generally due to matrix interferences or laboratory problems.

H= Holding Time was exceeded

L=Laboratory Control Sample (LCS) outside acceptable limits

D=Duplicate sample recoveries outside acceptable limits.

MS= Matrix Spike Recovery outside acceptable limits

RL=Balow the Report Limit.

MI= Matrix Interference

S= Surrogate outside acceptable limits